REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL SUPPLEMENTAL APPLICATION
(A Privileged Communication)

ARIZONA REGIONAL MEDICAL PROGRAM
University of Arizona College of Medicine
Tucson, Arizona 85721

RM 00055 5/71
April 1971 Review Committee

Program Coordinator: Dermont W. Melick, M.D.

Requested: Direct Costs

	02 (6 mo.)	03	04	05 (6 mo.)	TOTAL
Core	$156,650	-0-	-0-	-0-	$ 156,650
CE (Serv. Areas) #13	37,475	$157,932	$209,191	$108,684	513,282
CE (Phys.) #14	72,798	147,010	176,946	92,744	489,498
Ariz. ECHO #15	193,762	324,094	204,064	69,081	791,001
Cont. Ed. Nursing #16	31,034	52,135	55,373	25,789	164,331
TOTAL	$491,719	$681,171	$645,574	$296,298	$2,114,762

Current Funding: A funding history summary is appended. The current 2nd year is funded at $811,191 d.c.o. for core and five projects. The commitment for the third year is for $304,081 d.c.o. for the continuation for five projects only. The Region is to submit a triennium application August 1971 and the core budget is estimated d.c.o.:

03 - $994,586; 04 - $1,067,242; and 05 - $1,123,561 (total - $3,185,389).

Geography-Demography: The ARMP serves the entire state of Arizona, a land area of 114,000 square miles and a population of 1,741,000. The state is bordered by California and Nevada to the west, Utah to the north, New Mexico to the east and Mexico to the south.

Medical facilities:

1) University of Arizona Medical School will graduate its first class in 1971; 2) seven schools of nursing, two of which are baccalaureate degree programs; 3) five schools of medical technology; and 4) six x-ray technology facilities. Medical manpower includes 2,120 physicians (132 per 100,000 population); 241 osteopaths, and 5,000 nurses (348/100,000).

Background: The ARMP began in Spring 1966 when the Governor appointed a steering committee headed by the Dean of the Medical School. The initial grant application was submitted December 1966 and support for planning was authorized for two years and three months beginning April 1, 1967. The Dean of the Medical School served as part-time program coordinator until September 1967 when the current coordinator was employed on a full-time basis. Due to delays in the review and funding of the Region's operational program, the planning period was extended by nine months to a total of three years. Planning awards d.c.o.: 01 - $119,045; 02 - $409,108; 03 - $375,209; Total - $903,362. In June 1968, the Region submitted an operational grant application for support of a pulmonary disease project. Based on the findings of the August 1968 site visit, the November 1968 Council recommended that the application be returned for revision.

In May 1969 Council considered the initial operational application. As recommended by Council, a site visit was made that same month to assess the Region's operational capability. The application requested support for core staff activities and six projects. The site visit team was greatly concerned about the dominating needs of RMP in Phoenix and peripheral areas, and the contrast in the Region's plans to concentrate its headquarters near the Medical School in Tucson. Regional problems noted included: 1) need for better health care for the minority groups (136,000 Indians - 8% of the population and 187,000 Mexican-Americans - 11% pop.); 2) the State Medical Association's apparent disinterest in RMP; 3) the medical school had only recently begun and could not assure immediate strong support; and 4) 75% of medical service activities were in Maricopa County (Phoenix). Of 1,650 physicians in the State, 55% are in the Phoenix area and 30% in Tucson. Osteopaths are the primary health care providers in a number of counties. Sixty percent of the hospitals in Arizona have less than fifty beds. There was some concern about the bylaws that provided the Dean of the Medical School with the authority to appoint the Regional Advisory Group. The site visitors pointed out that the bylaws were not explicit regarding the Regional Advisory Group responsibility in appointment of its members and approving applications. It was also believed that the evaluation capability of the Region should be strengthened by acquiring the services of a specialist. Impressions of staff leadership were favorable. Although there were some major problems, the team believed there was adequate evidence that the ARMP was ready to assume operational status. The visitors were convinced that further planning would not add to their capacity for implementing an operational program.

Following approval by the August 1969 Council, $821,521 (d.c.o.) was awarded the first year for Core and five projects. During the first year, Council recommended non-approval action II for four proposals; Nutrition Care, Education in Coronary Care, Community Education for Nurses, and Long-term Education for Nurses. In light of Council's disapproval of the latter three and their suggestions, the Region redeveloped a program for coronary care training which will ultimately involve five projects. Two of these, #11 - Continuing Education for Nurses and #12 - Postgraduate Courses and Seminars for Physicians, Hospital Personnel and Trustees were approved by the July 1970 Council, but not yet funded.

The second year continuation application for $842,125 d.c.o. for core and five projects was reviewed by RMPS staff in December 1970 and upon their recommendation, $811,191 d.c.o. was awarded. The broad goals were essentially the same as originally stated, but the 102 (1971) objectives were diffuse. Staff expressed hope that the objectives (long and short-term, data-based, and priority-oriented) will be better presented in AR triennium application submission to RMPS August 1971. Staff also expressed concern that the half million dollar core is directing most of its energies into development of projects for which there will be insufficient RMPS support. It was believed that there would be wisdom in the Region's reassessment of its operations in relation to priority needs and current available resources. In light of federal funding restraints some core activities might be appropriately redirected. A copy of staff comments and recommendations to the Acting Director, RMPS is appended.

<u>Goals Objectives and Priorities as described in the recent second year continuation application</u>:

The goals and objectives are essentially the same as previously stated, but have been restructured with more detail and time frames for management monitoring. Goals in terms of core staff and projects are as follows:

I. Develop Adequate Health Manpower Resources.

- A) Update the knowledge of Health Professionals
- B) Increase the number of Health Professionals
- C) Innovative use of manpower
- D) Increase the opportunity for upward mobility of Health Personnel

II. Improve Community Health Programs.

III. Develop Cooperative Relationships Among Health-Related Organizations in Arizona.

IV. Have the Necessary Financial Organization Support to Accomplish the ARMP Objectives.

The 102 objectives are related to the following critical health issues:

1. Gap between new biomedical knowledge and its application to patients;

2. Availability and accessibility of health service;

3. Health needs of the poor, children, migrant workers and Indians;

4. Inner-city health problems;

5. Shortage of health manpower.

Priority ranking for the second year: Core first, Project #4 - Continuing Education for Nurses second, Project #3 - Chronic Pulmonary Disease third, Project #6 - Cardiopulmonary Resuscitation fourth, and Project #5 - Recruitment and Continuing Education Social Service last. Approved unfunded projects and those in the present application are not ranked.

A five-year long-range plan is to be fully described in the triennium application due August 1971.

Organization Structure and Processes: The organization of the ARMP remains essentially the same. The 17 RAG members are appointed by the Dean. The RAG elects its Chairman, Vice-Chairman and five man Executive Committee. The Chairman and Vice-Chairman serve the same offices on the Executive Committee. Changes in the bylaws as amended March 1970 expanded the RAG term from two to three years (may be reappointed for two additional terms) and include a provision allowing the RAG to delegate to the Executive Committee responsibility and final authority for final approval of applications. The Executive Committee also serves as the Review Committee. Thirteen committees (7 categorical and 6 area or ad hoc) with 189 members are utilized by the Region. Relationships of the RAG with other health groups includes the CHP 314-A Agency, Arizona Heart Association, Arizona Division of the American Cancer Society, and Indian Health Service. The RAG Chairman is President of the Arizona Medical Association.

Arizona law requires that all Regional Advisory Group members serve on the Advisory Council of the Arizona Health Planning Authority 314-A. To permit CHP flexibility in appointing the required 51% consumer representation to the Council, the RAG size and number of consumer members have been kept to a minimum. CHP has not been included in the ARMP review process. There seems to be evidence of tie-in with professional resources including 314-B Agencies.

Subregion activities will be undertaken as necessary, i.e., project #16 nursing education, Indian reservations, model cities, continuing education service areas, etc. The overall strategy, however, will be region-wide programs.

Core: According to the 02 continuation application, much of the projected core activities revolve around the submission, approval and funding of several new projects. Projects being developed include home dialysis, multiphasic screening and rheumatic fever, categorical disease workshops, dial access, pediatric conferences, physician assistants and registeries. Planned core activities include educational programs for physicians and allied health professionals; efforts to train indigenous workers for model cities and neighborhood health centers; efforts for enactment of state legislation to legalize physician assistants; plan for state rubella vaccination program; assistance for further development of Area CHP in

the northern area, Phoenix and Tucson; continued studies for planning, including a survey of health manpower and continuation of "checklist" 20th century books. A notable objective is the cooperative arrangement with Maricopa County CHP Council to develop a proposal(s) for multiple funding of health programs for low income consumers comprised of many Mexican-Americans and Indians. An 01 year objective no longer alluded to: "explore the feasibility of having all health continuing education programs brought within the organized system of education in Arizona."

Project Program Status: When reviewing the continuation application, staff was favorably impressed by project #4 - Continuing Education in Nursing Care of Patients an outstanding program with a record of success. This activity existed in a limited fashion prior to RMP support. The other projects, all education oriented, had been operational for only a few months and many were late tooling up. It was believed that a better assessment can be made at the time of the initial triennium review in the November 1971 cycle when more meaningful progress data should be available.

Present Application: This is a request for supplemental support for core staff for six months and support for four new projects for three years.

Core Activities - The sum of $148,982 is requested for additional core staff support to work in the areas: 1) development of comprehensive health services primary focus on prevention and early detection; 2) accelerated health manpower and facilities; 3) further integration of ARMP program activities with those of the CHP A and B agencies, Model Cities program, OEO and other public and private health-related program; and, 4) additional support and coordination of operational project activities, and increased responsibility delegated to the Region by RMPS. The supplement proposes adding 11 professional and 7 clerical positions, for a total staff of 58 (41 professionals and semi-professionals, and 17 clerical personnel).

Requested Only 6 Months
$156,650

The request includes $7,668 for continuation of the pilot work on the dial access program which began in the previous year. A project proposal for this activity is planned as part of the triennium application submission to RMPS August 1971.

The proposed core supplement increases the current annual level to $816,600 d.c.o.

Project #13 - A Broad Continuing Education Program For Physicians in Arizona - Development of Continuing Education Service Areas. This is a companion to Project #14 - Continuing Education for Physicians. Proposed by the University of Arizona College of Medicine, this is a project to organize 15 sub-regional continuing education areas to insure formal education opportunities to all Arizona physicians. The areas will be organized through the coordination and assistance of the

Requested 1st Period 6 Months
$37,475

CESA Program Coordinating Committee for Medical Education. A project director and the Committee are to be appointed by the Dean of the Medical School. The focal point for each CESA will preferably be a hospital and each area will have a local functioning committee. Each CESA focal point is to have teaching facilities and equipment. The local committees will be responsible for working with fellow physicians in the development of workshops and conferences to meet their needs. The Committee and four CESAs are to be functionable within six months, ten CESAs within eighteen months and all fifteen within the third project period. The educational activities will be provided through the resources of Arizona health organizations, i.e., the University Colleges of Medicine and Continuing Education; ARMP; and Arizona Medical Association.

The project will be monitored and evaluated by project personnel with assistance from ARMP core staff, the CESA Committee and participating physicians. Evaluation procedures will include physician self-evaluation questionnaires, comparative patient management problem scores and comparative chart audits.

The applicant assumes that the project will be supported by the Medical and Osteopath Associations, and fees after cessation of the grant.

Second Period	Third Period	Fourth Period (6 mos.)
$157,932	$209,191	$108,684

Project #14 - A Broad Continuing Education Program for Physicians in Arizona Workshops, Conferences and Other Postgraduate Medical Education.

Requested First Period 6 months $72,798

Proposed by the University of Arizona Medical School, this is a companion project to #13 CESA. The purpose of this project is to deliver the continuing education to physicians through the fifteen CESAs on a structured and regular basis. The proposed program is based on responses to a survey of physicians, Medical Association resolutions, and 18 workshops conducted in 1970 by ARMP.

The project director will serve on the CESA Coordinating Committee and will work closely with that project as well as the each chairman of the 15 local committees. Designated disease categorical coordinators, all of the College of Medicine, will have responsibility of development of specific curricula in response to wishes of the local committees. The workshop conferences will be physician oriented, but allied health personnel will be welcome, and when appropriate they will be utilized as faculty.

Topics of special value to practicing physician will be reproduced into slide cassette tapes and copies distributed to all of the CESAs. Selected cassettes produced by other health organizations will also be distributed. Workshop projections: 17 during the first six months, 40 in 1972, 53 in 1973 and 30 in first six months of 1974.

Effectiveness of the workshops will be determined by project staff, ARMP staff, the CESA Coordinating Committee, local medical education committees and participating physicians. Information upon which evaluation will be based includes number of workshops, attendance, post workshop suggestions by attending physicians, periodic questionnaires to physicians attending and those not attending, and the extent CESAs develop programs beyond the workshops. An attempt will also be made to evaluate behavorial changes.

With regard to continuation after three years of ARMP support, the applicant anticipates that some financing can be assumed by the College of Medicine through appropriate legislation. Other means of future funding might include assessment of the recipients and their organizations.

Second Period	Third Period	Fourth Period (6 mos.)
$147,010	$176,946	$92,744

Project #15 - Arizona Evidence for Community Health Organization

Conjoint funding proposed

	01 (6 mos.)	02	03	04 (6 mos.)	TOTAL
RMP	$193,762	$324,094	$204,064	$ 69,081	$ 791,001
State & Local Health Depts.	-0-	81,024	249,412	161,190	491,626
Total Direct Costs	$193,762	$405,118	$453,476	$230,271	$1,282,627

Proposed by the Arizona Department of Health, the purpose of the project is to provide for a unified system for acquiring Arizona population health data. Similar to a system used in Michigan, a pilot test was accomplished in Tucson (Pima County) and Phoenix (Maricopa County). The project provides for a statewide expansion and includes: 1) collecting data about environmental and personal health conditions; 2) analysing the data and converting it into readily usable information for both technical and non-technical persons; 3) providing a mechanism for distribution of data at all levels; and 4) provision for education to ensure use of data.

This system including 14 county health department sub-systems, will afford information necessary to planning development and evaluation to the State Health Department agencies including 314 (A), two CHP 314 (B) agencies, 14 county health departments, RMP and other health organizations. The Commissioner of the Arizona Department of Health will appoint a project director and advisory committee consisting of representatives of the

participating organizations. Personnel already trained in the two pilot counties will be used to train personnel in the remaining twelve counties. The work projections are based on the Governor's designated six planning areas. Projections for implementations:

	Begin	Complete
Area I & II	7/1/71	1/1/73
Area III	6/1/72	* 11/1/74
Area IV & V	7/1/71	1/1/74
Area VI	6/1/73	* 11/1/75

* Dates beyond the RMP funding relate to continuation of implementation through local support.

Effectiveness of the project will be determined chiefly be frequency data is drawn upon. Some random samples of the "person to person" acquired survey information will be re-evaluated for accuracy.

The Arizona State Department of Health will request funding from the State legislature to begin mid 1973. Continuation of the project after cessation of RMP funding seems to rest with the legislative process.

Most of the budget is for personnel. Of $122,002 for personnel the first six months, $73,011 is for positions (most already filled) for the Pima County and Maricopa Health Departments. $40,618 is budgeted for personnel in the State Health Department and $15,142 in the three county health departments of Gila, Yuma and Pinal.

Second Period	Third Period	Fourth Period (6mos.)
$324,094	$204,064	$69,081

Project #16 - Continuation Education for Associate Degree and Diploma Nurses. Proposed by the Northern Arizona University, the project aims to make available 30-40 hours of continued education to each registered nurse in Arizona by 1976. The project aims include the involvement of junior colleges in providing nursing continuing education opportunities in five non-metropolitan county areas with a focus on Indian Health Service nurses.

Requested First Period Six Months $31,034

Work projections: 1) annual 10-day workshops at the Northern Arizona University for about 15 faculty members of associate and diploma nursing programs; 2) four annual workshops in non-metropolitan areas, utilizing resource faculty selected at the workshops for faculty; and 3) a 3-5 day course at the close of each project year for 25 of local workshop participants to specifically help them develop additional staff and leadership capabilities. Consultation services will also be offered to nurses in the target areas.

The section of the narrative dealing with the evolution of the project alludes to two other nursing continuing education projects approved by ARMP, one of which is ongoing. However, specific relationships are not spelled out.

Evaluation, will be based on the numbers of: 1) nurse participants; 2) nurses assigned positions of more responsibility as a result of the project education activities; and 3) participating agencies and individual requests for consultation. Evaluation of effectiveness will include pre- and post-testing, assessment by faculty during consultation, course evaluations by participants, self-evaluations, post follow-up evaluations by employer and supervisors and nursing audits. The University of Arizona Department of Systems Engineering will be utilized in evaluation on a sub-contract arrangement.

The applicant anticipates cost-sharing by cooperative arrangements, and even state legislative support, after cessation of the grant.

Second Period	Third Period	Fourth Period (6 Mos.)
$52,135	$55,373	$25,789

GRB/3/5/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: December 17, 1970

Reply to Attn of:

Subject: Staff Review December 11, 1970, of Arizona Regional Medical Program's second year continuation application, 5 G03 RM 00055-02

To: Acting Director
Regional Medical Programs Service

Thru: Chairman of the Month

Acting Chief, Regional Development Branch ODR for SOG

Acting Chief, Grants Review Branch

Request: This is a request for $842,125 d.c.o. which includes the committed level $811,191 and $30,934 carryover. Unexpended funds at the close of the current period are estimated at $30,957.

Recommendation: Approval in the amount of the commitment $811,191 d.c.o. The recommendation includes advice to the Region about the concerns of the reviewers. Staff also believes that consultation and/or assistance at an early date may be helpful to ARMP prior to submission of their initial anniversary review application.

The use of carryover or new funds does not seem justified at this time. In some instances, i.e., legislative backup assistance, utilization of existing core staff and/or rebudgeting would seem appropriate.

Basis for the Level Recommended

	Requested			Recommended
	Commitment	Carryover	Total	
Core	$503,300	1/ $30,184	$533,484	$503,300
#2 Med. Lib.	36,211	-0-	36,211	36,211
#3 Pulm. Dis.	112,000	-0-	112,000	112,000
#4 Cont. Ed. Nursing Care	65,807	-0-	65,807	65,807
#5 Recruit. & Cont'd Educ. Social Ser.	57,500	750	58,250	57,500
#1 CPR	36,373	-0-	36,373	36,373
	$811,191	$30,934	$842,125	$811,191

Harold Margulies, M.D. December 17, 1970

1/ $10,794 project evaluation
10,590 support of "dial-a-tape" pilot program until submission of the project to RMPS 2/1/71 (start 7/1/71)
8,800 health planner and writer (6 mos.) (cooperative effort with State Health Department, CHP A & B, and County Health Departments) backup for legislative approval of the Arizona Health Data Service
$30,184

General Comments: The broad goals are essentially the same as previously stated. The 102 (1971) objectives enumerated and geared to completion dates are diffuse. Hopefully the objectives (long and short-term, data based and priority oriented) will be better presented in the AR triennium application submission to RMPS August 1971.

The organization is about the same. Arizona law requires that all ARMP RAG members serve on the Advisory Council of the Arizona Health Planning Authority (CHP 314-A). To permit CHP flexibility in appointing the required 51% consumer representation to the Council, the RAG size and number of consumers has been minimized. The RAG members are appointed by the Dean - a matter of concern to previous reviewers. The bylaws were recently amended to increase RAG terms from two to three years (may also be reappointed for two additional years). The Executive Committee may act for the RAG in the interim between meetings. Thirteen committees (seven categorical and six area or ad hoc) with 189 members serve the Region. The review process includes the utilization of categorical committees, and review by the Executive Committee prior to final action of the RAG. CHP is not currently involved in the review process. A major concern of future RMPS visitors will be organizational effectiveness including the RAG's actual role in regional affairs. Adequate technical review as part of the review process will be essential. Mutual reviews and critiques of goals, objectives, plans and specific proposed activities by ARMP and CHP might be beneficial.

The core staff includes 21 professionals (7 part-time) and 8 administrative/clerical positions. Five of the professionals (1 part-time) and one office supervisor are budgeted for the Phoenix Office. One professional (20% RMP and 80% Coconino County Health Department) is budgeted for Flagstaff. Subsequent to submission of the application, ARMP advised that all four unfilled positions are committed.

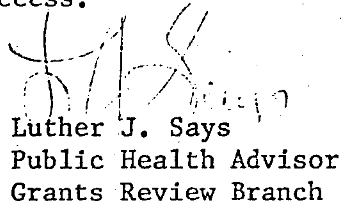
Curriculum vitae for newly employed were provided. Job descriptions for newly acquired employees and positions to be filled would have been helpful to the reviewers.

Staff expressed concern that the half million dollar core staff is directing most of its energies into development of projects for which there will be insufficient RMPS support. It would seem that there would be wisdom in the Region's reassessment of its operations in relation to

Harold Margulies, M.D. December 17, 1970

priority needs and current limited available resources. In light of federal funding restraints, activities, including core, might be appropriately redirected.

With one exception, the current funded projects have been operational for only a few months. Many were late tooling up. A better assessment can be made at the time of the next anniversary review when more meaningful data should be available. Staff was favorably impressed by project #4, "Continuing Education in Nursing Care of Patients," an outstanding regional program with a record of success.



Luther J. Says
Public Health Advisor
Grants Review Branch

Action by Director Approval
Initials HM
Date 12/22/70

Attachments:
1) Mr. Says', GRB, review comments

RMPS staff who attended this review meeting:
L. J. Says, GRB
Jim Smith, RDB
R. D. Mercker, GMB
Teresa Schoen, OPPE
Mary Asdell, CETB

REVIEW AND FUNDING HISTORY SUMMARY

PLANNING

1st Year	4/1/67-3/31/68	$119,045
(Site Visited August 1968)		
Council:		
1967 - February		
1968 - May, November		
2nd Year	4/1/68-3/31/69	346,125
02 Supplement	1/1/69-3/31/69	62,983
	TOTAL 02	$409,108

Chronic Pulmonary Disease Program - Application for "Earmarked Funds" Disapproval with advice to resubmit

03 Year	4/1/69-6/30/69	$138,095
Extended with Funds	4/1/69-9/30/69	117,208
Extended with Funds	4/1/69-12/31/69	106,630
Extended with Funds	4/1/69-3/1/70	13,276
	TOTAL 03	$375,209

OPERATIONAL

1/1/70-12/31/73

(Site Visited May 1969)
Council:
1969 - May, August
1970 - March, July

	Approved Period	Direct Costs: Funded	Direct Costs: Approved Future Level
Core	2 years	(01) $503,300 (02) 503,300	(03) -0-
#1 - Checklist - 20th Century Books	3 years	1/ Approved in principle with no additional funds	
#2 - Medical Library Network	3 years	(01) 39,233 (02) 36,211	(03) $ 35,211
#3 - Chronic Pulmonary Disease	3 years	(01) 139,988 (02) 112,000	(03) 120,000

#4 - Continuing Education in Nursing Care	3 years	(01) $ 51,895 (02) 65,807	(03) $ 84,118
#5 - Recruitment & Continuing Education Social Service	3 years	(01) 32,621 (02) 57,500	(03) 28,379
#6 - CPR		(01) 26,106 (02) 36,373	(03) 36,373
#7 - Continuing Education, Coronary Care	Disapproval with advice to resubmit		
#8 - Continuing Education for Nurses	Disapproval with advice to resubmit		
#9 - Long-Term Continuing Education for Nurses	Disapproval with advice to resubmit		
#10 - Nutritional Care	Disapproval with advice to resubmit		
#11 - Coronary Care Continuing Education for Nurses	Approval I (unfunded)		
#12 - Coronary Care Post-grad. Courses & Seminars for Physicians, Hosp. Adm. Personnel & Trustees	Approval I (unfunded)		
TOTALS		(01) $793,133 (02) $811,191	(03) $304,081

1/ Supported through Core - 01 year

APPROVED & UNFUNDED PROJECTS

(D.C.O)

	01	02	03
#11	$ 76,583	$ 77,405	$ 79,988
#12	74,812	68,648	70,640
TOTAL	$151,395	$146,053	$150,628

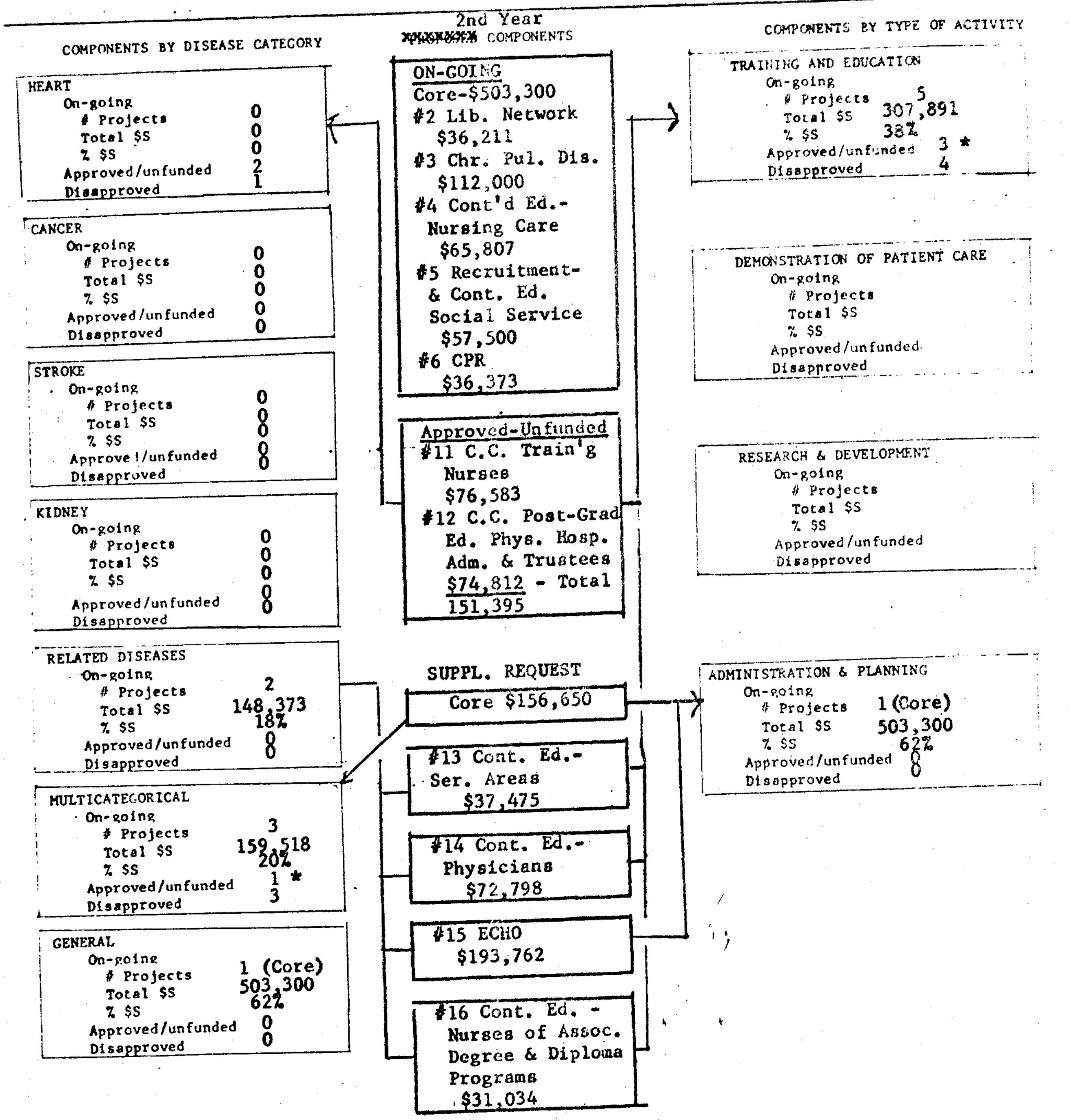
Arizona RMP

Region ARIZONA

Program Funding:
Approved for Current Year----------------$ 811,191
Operating level in Current Year
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-------$ 811,191
Recommended Commitment for next year---$ 304,081

Current Operational Year: 1/70-12/70
First Scheduled AR application August 1971

Region's optional plans:



* #1 Check list
20th Cent. Books
Approved & unfunded
is funded through Core

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

ARIZONA REGIONAL MEDICAL PROGRAM
RM 00055 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Disapproval of additional Core support and approval of projects with no additional funds.

YEAR	REQUEST	RECOMMENDED FUNDING
02 (6 mos.)	$491,719	-0-
03	681,171	-0-
04	645,574	-0-
05 (6 mos.)	296,298	-0-
TOTAL	$2,114,726	-0-

CRITIQUE: The Committee noted that the current level of support of Arizona's program is $811,191 (d.c.o.), of which $503,300 (62%) is for core activities. The present request would inflate the annual cost of core to more than $800,000, and should not be approved. Current support should be adequate for core activities including some pilot work on the dial access program.

The Committee also recognized the concerns that staff had when reviewing the second year continuation application: that the objectives were not clear and that core activities were predominately project oriented. Committee concurred with staff that there would be wisdom in the Region's reassessment of its operations relative to priority needs and resources, particularly in light of RMPS funding constraints in fiscal year 71 and 72. Also, as reported by staff, the Region has planned a retreat in late April. RMPS staff are to attend and may be helpful in guiding the Region.

Arizona's primary project thrust continues to be training and education. The five currently funded projects include a library network, chronic pulmonary disease, nursing care, social service, and CPR. Two coronary care training projects were approved, but unfunded. The present application does not include a rank list of all projects.

The projects presented represent non-categorical outreach programs and do relate to the Regions broad goals. Correlation with operating objectives and priorities is not clear. The two Continuing Education Programs for Physicians (Projects 13 and 14) are companion projects that might be combined and accomplished for less costs. The "Arizona Evidence for Community Health Organization" project #15 may enhance cooperative planning

and evaluation efforts with health departments, CHP agencies and others. The "Continuation Education for Associate Degree and Diploma Nurses" project #16 has a much needed focus on Indian Health.

Committee noted that the May 1969 site visitors recognized that one of the Region's problems was need for better health care for the minority groups (136,000 Indians - 8% of the population and 187,000 Mexican-Americans - 11% pop.). The question arose as to the Region's current involvement and plans in this direction.

In conclusion the Committee did not believe expansion of core is justified. Projects may have merit but additional funds at this time are not warranted. The Region's trienium application is due August 1, 1971 and will include a site visit to examine their total program, progress and capability.

RMPS/GRB
4/21/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF OPERATIONAL SUPPLEMENTAL GRANT APPLICATION
(A Privileged Communication)

BI-STATE REGIONAL MEDICAL PROGRAM
(Washington University)
607 North Grand Boulevard
St. Louis, Missouri 63103

RM 00056 5/71
April 1971 Review Committee

Program Coordinator: William Stoneman III, M.D.

This application requests supplemental funds to support two new operational projects.

This Region is currently funded at $945,233 (direct costs) for its second operational year (which is an 11-month period) ending September 30, 1971. Due to RMP fiscal 1971 (and 72) apportionment this total is to be reduced by $60,314. For this year the Region received indirect costs of $305,046 on its $945,233 which represents an average indirect cost rate of 32%. The Region will submit its Anniversary Review Application in time for review during the July/August 1971 review cycle.

REQUESTED (Direct Costs Only)

Project # & Title	1st year	2nd year	3rd year	Total
#15 - Public Education Program on Harmful Effect of Cigarette Smoking	$35,390	$20,988	$15,000	$71,378
#16 - Develop a Model for Testing Physician Continuing Education	16,750	15,850	15,850	48,450
TOTALS	$52,140	$36,838	$30,850	$119,828

Staff has conducted its review of the Regions application for second-year operational funding. While there were several programmatic and budgetary issues identified by staff, (see Addendum page) because of the nature of this application (operational supplement) the Region did not relate to these concerns. It can be assumed that information relative to the issues will be included as a part of the total program review at the time the Anniversary application is considered.

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funded (Direct Costs)
01	4/1/67 - 10/31/68 (19 mo.)	$495,395
02	11/1/68 - 10/31/69	443,625

Operational Stage

Grant Year	Period	Funded (Direct Costs)
01	7/1/69 - 10/31/70 (16 mo.)	$1,094,077
02	11/1/70 - 9/31/71 (11 mo.)	945,233 (of which $64,293 is carryover)

02 Year Listing of Funding Status of Core and Operational Projects in Bi-State RMP

Project #	Title	Amount Supported (d.c.) Through 9/31/71
0	Core	$489,296
2	Cooperative Regional Radiation Therapy Program	118,564
4	A Comprehensive Diagnostic Demonstration Unit for Stroke	46,037
5	A Nursing Demonstration Unit in Early Intensive Care of Acute Stroke	55,690
8	Cooperative Regional Information System for Health Professions	39,748
9	Health Surveillance Education and Care Accessibility for low-rent projects	131,605
12	C.C. Training Program for Nurses	64,293 a/
	TOTAL	$945,233 *

a/ carryover funds

* This amount is to be reduced by $60,314. The breakdown of the reduction is not available at this time.

The Region has a fairly well-balanced overall program between Heart Disease, Cancer, Stroke and Multi-Categorical activities.

Background Information

1. Population: 4,9000,000 (estimated)
   (a) Urban 80%
   (b) Non-White 9%
   (c) Median age 31.6%

2. Medical Schools
   (a) Washington University
   (b) St. Louis University
   (c) Southern Illinois (To open in 1972)

3. Physicians - 5021

4. General Hospitals - 178 - 22,000 beds

5. Geography
   (a) 66 Counties in Southern Illinois
   (b) 42 Counties in Southeastern Missouri

SUMMARIES OF NEW OPERATIONAL PROPOSALS

Requested 1st year (d.c.)
$35,390

Proposal #15 - To Provide Coordination for Public Education Programs in the Bi-State Metropolitan Area on the Harmful Effects of Cigarette Smoking. The Bi-State Inter-Agency Council on Smoking and Health for the Greater St. Louis area (includes 30 health or health interested agencies) requests through the Bi-State Regional Medical Program a total of $71,378 (only direct costs are requested) to plan and implement this proposal for a three-year period. The program is to be physically based in the offices of the St. Louis Medical Society (without charge to the grant). The program was reviewed by the Region's Cancer Committee, the Scientific and Educational Review Committee and the Regional Advisory Group. In the latter group it received a priority rating of 250 on a 100 to 500 scale.

The program has a single objective which is to improve coordination of the Bi-State Metropolitan area (six Missouri and Illinois Counties) efforts in public education on the harmful effects of smoking. According to the application this proposal will advance the Region's strategy in that the program has strong categorical disease application as well as professional acceptability and

consumer appeal. Bringing education to the public, especially the younger public, on the harmful effects of cigarette smoking, the proposal will also bring visibility to Bi-State RMP and help define the program as a unifying factor in the Region's health care planning.

Essentially support is requested to provide for a full-time program coordinator and secretary plus the usual expenses (excluding rent) who will survey existing activities and resources and then develop and implement a coordinated anti-smoking public education plan for the area. A means of evaluating progress is outlined. Basically its success will be measured in terms of local support which the program receives. While the primary program target area is Greater St. Louis, the program will be made available to interested groups in other parts of the region. The proposal is presented with a descending scale budget. The second year request is solely for the support of the coordinator and secretary, while the third year requests a single salary for the program coordinator. The Region has been given reasonable assurance that as the program matures, its costs will be borne by other agencies.

Second Year	Third Year
$20,988	$15,000

Proposal #16 - To Develop a Model for Testing Effectiveness of Physician Continuing Education Programs in Terms of Patient Management.

Requested 1st year (d.c.)
$16,750

The Bi-State Region requests a total of $48,450 (only direct costs are requested) to conduct this activity for a three-year period. The proposal was first reviewed by the Region's Continuing Education Committee which recommended some changes. These changes were incorporated and a second review was conducted by the Scientific and Educational Review Committee. The proposal was then presented to the Regional Advisory Group. During its initial review, the RAG recommended that action be withheld pending approval of the plan by the Illinois and Missouri State Medical Association (Society). The Missouri State Medical Association approved and commended the innovative idea. The Illinois State Medical Society recommended that the proposal be approved. Following this, and upon re-review, the RAG unanimously approved the program with a priority rating of 150, on a 100-500 scale. This is the highest priority given to any Bi-State proposal to date.

The program has two objectives which are to: (1) Determine the feasibility and acceptability to practicing physicians of an experimental system for ascertaining patterns of patient management from hospital record analysis. (2) Test the usefulness of such patient management analysis to faculty and local physicians in planning continuing education programs.

Three hospitals and their medical staffs, two in Illinois, one in Missouri, have presented formal evidence of their willingness to have hospital charts

analyzed to determine baseline physician performance data on selected diseases and in selected clinical hospital procedures. Using this information, problem-oriented Continuing Education Programs, with each community identifying the fields of clinical practice in which it is most interested, will be developed. The proposal incorporates not only local physician design of an education program but also a mechanism for measuring the effectiveness of the program in terms of level of patient care delivered.

According to the application, this proposal will relate to and enhance each of the Region's strategy components as determined by the Regional Advisory Group. Additionally, the region reports that the innovative character of this program has engendered so much interest that the region has received requests from three additional hospitals and medical staffs to be included in the program.

The continuing education activity is the product of three part-time physician coordinators who have been assigned by the region to the three areas for some time. Their mission has been to develop a program based on local need rather than on subjects a distant person believed local physician would want or need. The Region's full-time Planning Director will be available for overall project coordination.

Evaluation will consist of pre and post-clinical performance using the analysis of hospital charts for base-line data. $34,200 of the total three-year budget request of $48,450 is for consultant services. These funds are to be used to purchase the necessary expertise, either from the medical schools or the community, to conduct the continuing education activity in the given areas. If this experiment proves successful, continued local support is anticipated through medical societies, hospitals or voluntary health agencies.

Second Year	Third Year
$15,850	$15,850

ADDENDUM

Gereral Concerns of Staff:

1. The "turf" problem between the Bi-State and the Illinois Regional Medical Programs.

2. At what level in the local review process vetoes may be imposed - appealed?

3. Staff would be interested in knowing the type of activities and the number of proposals which have been disapproved in the local review process.

4. Evaluation methodology.

5. Staff was not convinced that the data collection system proposal would actually strengthen the planning efforts of the Region.

6. Assignment of a field Coordinator to the Springfield, Illinois area in view of jurisdictional and geographic problems which are about to surface.

7. Contributions being made toward the goals and RMP objectives by the six categorically assigned Associate Directors to the two medical schools.

8. Lack of impact operational projects have on the improvement of the Delivery of Health Care.

9. How some of the minimal requests for carryover ($200 - $350) were processed through the local review system.

10. The Region be given consultation concerning Council's July 1970 decision as relates to the stipends, travel, etc., for short-term traineeships.

GRB/3/11/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF

APRIL 1971 REVIEW COMMITTEE

BI-STATE REGIONAL MEDICAL PROGRAM

RM 00056 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Review Committee recommends that this supplemental application which requests support for two new projects be partially supported as follows:

YEAR	REQUEST	RECOMMENDED FUNDING
1st	$52,140	$16,750
2nd	36,838	15,850
3rd	30,850	15,850
TOTAL	$119,828	$48,450

CRITIQUE: The Committee noted that the Bi-State RMP will submit its anniversary review application in time for review during the July/August 1971 review cycle. Also, the reviewers were satisfied that the Region will relate, in this future application, to the concerns of staff which were raised during staff's review of the Region's second year continuation request.

Since this optional application included only two projects, the Committee did not have an opportunity to study the potential impact on the entire program. It was concluded that the adding of Project #16- To Develop a Model for Testing Physician Continuing Education would add strength and balance to the Region. Members of the Committee believed that the proposed activities were innovative; that the program was presented in a proper cooperative setting; that the fiscal request was reasonable; and that further plans for the program include continued support from local sources. Conversely, the Committee viewed project #15 - A Public Education Program on Harmful Effect of Cigarette Smoking as a program which contained nothing new, lacks innovation and noted that many similar anti-smoking programs have already been supported across the country. It was concluded that this project would not be a priority for use of RMP funds.

GRB/RMPS
4/21/71

REGIONAL MEDICAL PROGRAMS SERVICE

CALIFORNIA Regional Medical Program
RM 00019 5/71 (Special Action)

FOR CONSIDERATION BY APRIL 1971 REVIEW COMMITTEE

STAFF INFORMATION

This project was one submitted by the California Committee for Regional Medical Programs for the November/December 1969 review cycle. The Lockheed Corporation, by means of a contract with Area I, collaborated with personnel at Mt. Zion Hospital in the development of an electrocardiographic surveillance system which monitors silently a large number of patients simultaneously and continuously. The monitoring is silent until a deviation occurs, and there are no practical limitations to the number of patients or their locations.

A site visit team, which included an expert in biomedical applications of such techniques, visited the Mt. Zion Hospital in October 1969, to observe the system in action. The team found the project interesting from a number of standpoints, but had some concerns, largely technical, which were later relayed to the region. The proposal was also reviewed by the ad hoc Cardiovascular Panel and the following concerns reflect the opinion of all reviewers, including the National Advisory Council:

1. the educational aspects of the overall program were not clearly described;
2. evaluation methods were thought to be vague, with no record system to describe events monitored;
3. the validity of alarm signals was not clear;
4. the contribution of Lockheed Corporation to further development and de-bugging was not specified; and
5. the system had not received sufficient time for more extensive testing in a clinical setting.

The team felt that approximately a year would be required to de-bug the system completely and allow the Mt. Zion personnel to test it before extending it to more remote hospitals in Area I.

The Lockheed Corporation has offered to assume costs for instrumentation and engineering for three years at a total cost of $495,300. CCRMP feels it is important for this program to continue to carry the label of RMP in order to assure that certain aspects concerned with patient care services, regionalization and professional education, etc., are retained in the program in a meaningful way. The amount to be allocated from CCRMP funds is $35,446 (d.c.) for personnel. A cost breakdown prepared by Lockheed is a part of the revised application, and provides a written understanding of terms of the arrangement.

The revised proposal was submitted to Doctor J. Francis Dammann, Professor of Pediatrics and Biomedical Engineering, who served as consultant for this project on the site team of October 1969. Dr. Dammann very graciously agreed to review the revised protocol for the Mt. Zion program and his report of March 2, 1971 is attached.

RMPS/GRB 3/17/71

UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE
UNIVERSITY OF VIRGINIA HOSPITAL
CHARLOTTESVILLE, VIRGINIA, 22901

DEPARTMENT OF PEDIATRICS
Division of Pediatric Cardiology
Research - Box 218

March 2, 1971

Jessie F. Salazar
Public Health Advisor
Grants Review Branch
Health Services and Mental Health
Administration
Rockville, Maryland 20852

Dear Mrs. Salazar:

Per your request, I have reviewed the updated and revised project for patient monitoring at Mt. Zion Hospital in San Francisco. I believe that the applicants have satisfied all of the site visitors major objections to the program as it originally was set forth. Therefore, I think it very appropriate for the Regional Medical Program to support it as it now stands.

Three major changes in the program have been made which answer most of the site visitors concerns. First, I deem it very appropriate indeed that Lockheed has agreed to pick up the expenses of building the system for trial at Mt. Zion Hospital. It seems to me to put the association of medicine, government and industry on a much more solid base, whereas government picking up the expense of the system did not appear to be justifiable. Secondly, the decision to restrict the systems trial in the field to Mt. Zion Hospital until after a total evaluation has been made also is wise. The system will get a solid evaluation before additional sums of money are spent to develop additional systems. This is a logical way to proceed. Finally, the applicants have recognized the need for a sound objective assessment of the value of the system in the patients at Mt. Zion Hospital. The results of that evaluation ought to be meaningful indeed, and ought to give a firm basis for decisions concerning construction

Received
Grants Review Branch
Division of Regional Medical Programs

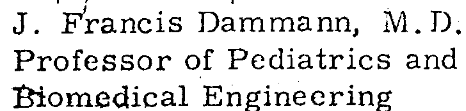
of additional units, modifications to be made in the units and the benefits that might be expected from expansion to other hospitals. This plan for evaluation of the system as it was designed, takes care of objections that I voiced concerning the system. A complete study of all signals and alarms with emphasis on false alarms, failure to alarm and true alarms will establish whether the system can carry out what it was designed to do or whether changes in design approach are indicated. Since the system is unique and my concerns were primarily theoretical, it certainly deserves a comprehensive trial, provided of course a complete evaluation is carried out. I think it very likely that such an evaluation will be carried out and therefore, I think it very appropriate that the program continue as outlined.

To recapitulate, I believe that the changes that have been made in this program since our site visit meet our objections and that therefore the program should be supported as it now stands. Considering the manpower shortage and the potential value to community hospitals, if the trial at Mt. Zion proves strongly positive, I think this program should be supported at a high priority.

I would very much appreciate personally if it is possible hearing how this program evolves, whether it is supported and what the results of the evaluation are.

Thanks for letting me review this application. If there are further remarks that you need from me, please let me know.

Sincerely yours,



J. Francis Dammann, M.D.
Professor of Pediatrics and
Biomedical Engineering

JFD/vms

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

CALIFORNIA REGIONAL MEDICAL PROGRAM
RM 00019 5/71 SPECIAL ACTION #1

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

Project #41 (Revision 2) - Area I - Patient Monitoring

Recommendation: Committee recommended approval of the proposal with no additional funds.

Year	Requested	Recommended
01	$35,446	Approval
02	36,178	Approval
Total	$71,624 (Direct Costs)	

Background: The Committee briefly reviewed the history of this proposal which began in 1969. It was reviewed on site in October 1969 and was recommended for return for revision because of several technical concerns. Council concurred. The proposal was revised and resubmitted to the July 1970 review cycle at which time Council concurred with the recommendations at the ad hoc Cardiovascular Study Panel that the proposal required further revision. At that time the application was still believed to be unapprovable on technical grounds.

Critique: The revised proposal appeared to satisfy the specific concerns which had been relayed to the Region. Some discussion revolved on the point of the value of the evaluation effort RMPS is asked to support. The original proposal included a budget approximating $260,000. The revised version requests only $35,446 mainly for personnel since Lockheed has agreed to assume the costs for instrumentation. The reviewers felt that this joint industry - medical effort provides a solid, practical basis for development and that CCRMP's proposal to evaluate the clinical usefulness of the system is an important aspect of the undertaking. Further, the reviewers agreed that the region's endorsement (RMP label) for this system is also important.

Drs. Mitchell Spellman, Gerald Besson, John Mitchell and Donald Brayton were not present during the discussion of this application.

RMPS/GRB/4/26/71

REGIONAL MEDICAL PROGRAMS SERVICE

CALIFORNIA Regional Medical Program
RM 00019 5/71 (Special Action #2)

FOR CONSIDERATION BY APRIL 1971 REVIEW COMMITTEE

California RM 00019 "Cooperative Planning Effort of Regional Medical Programs and Model Cities for Training in the Allied Health Professions"

This is a new program to be based in Core Staff activities in Area I, San Francisco. It is an outgrowth of Regional Medical Program participation in health planning for the Richmond Model Cities Program. There are six Model Cities in Area I, and this request is made for support to explore solutions to the health service problems, particularly in the field of training of allied health professionals.

This is an 18-month proposal requesting $73,349 direct costs for the first year and $39,333 direct costs for the remaining six months.

GRB/4/19/71

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

CALIFORNIA REGIONAL MEDICAL PROGRAM
RM 00019 5/71 SPECIAL ACTION #2

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

"Cooperative Planning Effort of Regional Medical Programs and Model Cities for Training in the Allied Health Professions" - Area I

Recommendation: Committee recommended that the request be returned for revision with advice as enumerated below.

Year	Request	Recommended
01	$ 73,349	-0-
02	39,333	-0-
Total	$112,682 Direct Costs	-0-

Critique: The reviewers agreed that the proposal was a well written planning document, but that therein lay an overriding negative factor. The proposal represents a planning effort while the Model Cities endorsement fosters an action plan. There is no action target to be reached in the 18-month plan.

Committee believes the proposed program area of involvement is of high priority, and if the real "product" is the training of allied health professionals, then the methodology should be redirected--not to employ "Planners" but to develop steps of action to reach the people in the target districts.

The Committee suggests that the Region arrange its own "site visit" method, drawing on regional consultative resources such as Dr. Stanley S. Skillikorn in Area III (for his planning for health delivery improvements in the Gardner district of San Jose), and Dr. Mitchell Spellman in Area IX (for functional experience gained by the Drew Postgraduate Medical School planning). Hopefully, the next step can be a more affirmative action plan.

There was consensus that the proposal would benefit by a "phased" approach. During phase one, staff would be hired, utilizing consultants, and initial cooperative arrangements should be firmed up. Phase two would involve careful review of the Task Force (site visit) recommendations by CCRMP staff and RAG. Phase three would present the recommendations of the Task Force to the Model Cities Health Council and other appropriate agencies for action and implementation.

Staff Note: February 1971 Council approved the use of Developmental Component funds by the California RMP. The Region will submit a triennial application May 1, which will be reviewed by the July Committee and August Council.

Drs. Mitchell Spellman, Gerald Besson, John Mitchell and Donald Brayton were not present during the discussion of this application.

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL SUPPLEMENTAL GRANT APPLICATION
(A Privileged Communication)

IOWA REGIONAL MEDICAL PROGRAM
University of Iowa
308 Melrose Avenue
Iowa City, Iowa

RM 27-03 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: Harry M. Weinberg, M.D.

This application requests supplemental funds to support five new operational projects. The Region's Triennial application is due in August and will be reviewed by the October Committee and November Council.

Project # and Title	Requested (Direct Costs Only) 01 Year	02 Year	03 Year	Total
#17-Laboratory Improvement Program	$ 45,182	$ 35,337	$ 25,141	$105,660
#18-Minowa Continuing Education	45,200	45,192	46,275	136,667
#19-Renal Failure Management Training	80,317	83,508	87,839	251,664
#20-Organ Procurement a Preservation	48,920	35,272	36,719	120,911
#21-Multimedia Nursing Education	108,737	35,500	22,500	166,737
Totals	$328,356	$234,809	$218,474	$781,639

The last staff review in January 1971 noted that the region has made considerable progress in the following areas: The Core staff, for the first time since the inception of this Region is now fully staffed; the Regional Advisory Group which has been increased from 46 primary and alternate members to 76 primary and alternate members appears to be a truly regional cohesive group which shows great strength and ability in the Region's decision-making process and in providing guidance to the Region: and in the development of cooperative arrangements with Community hospitals, and the involvement of the various disciplines of the allied health professions, practicing physicians and the University of Iowa Clinical faculty in the planning and decision-making process of the IRMP. The operational activities are primarily in the heart and stroke areas.

Staff recommended approval of the request for continued funding for the 03 year at the commited level of $651,417. However, due to 1971 fiscal contraints, the region will be funded in a reduced amount of $596,047 (d.c.o.)

FUNDING HISTORY

PLANNING STAGE

Grant Year	Period	Funded (d.c.o.)
01	12/1/66 - 1/31/68 (14 months)	$214,000
02	2/1/68 - 11/30/68 (10 months)	213,000
	OPERATIONAL STAGE	
01	7/1/68 - 1/31/70	$455,000
02	2/1/70 - 1/31/71	736,673
03 (Current Year)	2/1/71 -12/31/72 (11 months)	596,047

Following is a listing of the 03 year funding status of Core and the Operational Projects in Iowa RMP:

Project No.	Title	Amount Supported Thru 12/31/71 (d.c.o.)
#1	Core	$290,070 *
#2 & #3	Central Stroke Education and Stroke Management	134,930
#4	Training Program in Cardio-Pulmonary Resuscitation	3,985 *
#5	Coronary Care - Supervision Training for Physician & Nurses	65,712
#11	Pediatric Cardiology Training Program	51,400
#12	Cancer Educational Program	2,355 *
#13	Mobile Intensive Care Unit	37,460
#14	Cardiac Auscultation Training for Physicians	10,135 *
Total		$596,047

* Members of staff have learned that the amounts shown reflect the revised budgets for these components. The reduced amounts were approved by the Iowa Regional Advisory Group on February 28, 1971. It was also learned that project #4 and #12 will terminate as of April 1, 1971. It was further indicated that the Iowa Heart Association would assume full funding of project #4 at that time.

SUMMARY OF NEW OPERATIONAL PROPOSALS

Project #17 - Laboratory Improvement Program

Requesting	01 7/1/71-6/30/72	02 7/1/72-6/30/73	03 7/1/73-6/30/74	All Years
Direct Costs	$45,182	$35,337	$25,141	$105,660

The State Hygienic Laboratory through the Iowa RMP requests three-year funds for a program which has been funded through the Office of Comprehensive Health Planning since February 1969. The program is designed to increase the general level of competency of clinical laboratories in the Iowa Region.

The ultimate goal is to improve health care delivery at a local level by a comprehensive continuing education program for clinical laboratory personnel within the districts and sub-districts of the Iowa Region and to have available to all Iowans, adequate, accurate and totally capable clinical laboratory practices regardless of the size on geographic location of their local facility.

The specific aims of the proposal are:

(1) To determine the quality of performance of laboratories in the Iowa Region by utilization of national and local proficiency testing programs.

(2) To improve the quality of laboratory services through a comprehensive continuing education program with the cooperation of the Iowa Association of Pathologists.

(3) To assist participating facilities to provide standardized equivalent laboratory services to all disciplines.

(4) To provide consultation services to laboratories in the Iowa Region.

In addition to the State Hygienic Laboratory, the Iowa Association of Pathologists, the University College of Medicine, the Iowa State Health Department and participating Community hospitals are involved in this activity.

Project #18 - Areawide Continuing Education for Health Care Personnel in the Minowa Health Planning Area

Requesting	01 7/1/71-6/30/72	02 7/1/72-6/30/73	03 7/1/73-6/30/74	All Years
Direct Costs	$45,200	$45,192	$46,275	$136,667

This proposal is an outgrowth of interest among six Northeast Iowa counties to coordinate efforts to supply a continuing medical and health science educational program for health care personnel of their combined areas. The project is designed to demonstrate the feasibility of such an undertaking in a rural environment, where the accessibility and adequacy of continuing medical education currently fall far short of satisfying the needs of health care personnel.

The project proposes to: (1) identify and improve continuing education programs for physicians and allied health care personnel; (2) identify unmet and fill needs for continuing education; and (3) combine or link together hospital and other related agency or community programs. The continuing education programs planned under this proposal will be primarily for the counties of Howard, Winneshiek, Allamakee, Chickasaw, Clayton and Fayette; however, personnel from contiguous counties in Iowa, Wisconsin or Minnesota will, if interested, be permitted to participate in any of the activities.

The project will be based at the Area I Vocational-Technical School at Calmar in Winneshiek County. Other agencies involved in the development and implementation of the program include the Minowa Area Health Planning Council, The University of Iowa College of Medicine, the Mayo Clinic, the Adolf Gundersen Medical Foundation in Wisconsin and four hospitals in the six-county area. The Minowa Area Health Planning Council will provide overall direction of the project through a 12-member steering committee who will act in an advisory capacity in surveying the medical community to determine the educational needs, setting priorities and developing curricula. The University of Iowa College of Medicine, the Mayo Clinic, the Adolf Gundersen Medical Foundation will provide teaching personnel and consultative services, the latter being utilized in establishing priorities and developing curricula. The four hospitals have agreed to place the coordination of their in-service programs under the project. A Project Director will be employed.

Local funding of this project will be accomplished by progression (over a three-year period) in the tuition charged to participants involved in the program and through charges imposed on the hospitals for coordination and provision of in-service training. It is expected that many of the on-going programs can be incorporated with the Community College structure and financed by tuition charges and school tax funds.

#19 - Renal Failure Management Training

Requesting	01 7/1/71-6/30/72	02 7/1/72-6/30/73	03 7/1/73-6/30/74	All years
Direct Costs	$80,317	$83,508	$87,839	$251,664

This proposal represents part of a cooperative effort of a number of agencies in Iowa to organize an effective plan for the care of the patient with uremia. Involved in this development are the University Medical Center-including the University of Iowa, University Hospitals, and the VA Hospital and the Regional Medical Program; a number of communities of the State; insurance underwriters; voluntary health agencies; the Legislature; the State Department of Health; and many private citizens.

The specific aims of the project are:

1) To provide practicing physicians a course of intensive study in clinical nephrology. The course will vary from one week to six months. A total of twenty (20) physicians are expected annually in the one-week course and two physicians for one month or longer. Participants will be capable of improving the general level of care of patients with renal disease and hypertension. With adequate support they would be able to manage small dialysis centers, stations for home dialysis supervision and instruction, and units where cadaveric kidneys might be retrieved.

2) To train nurses to staff areawide nephrology units (satellite centers).

Two types of educational programs will be offered. The first, which will be four weeks in length, will be a basic indepth educational program to prepare nurses to care for patients receiving hemodialysis and to supervise other nursing personnel.

Thirty (30) nurses will be trained in the preparatory hemodialysis program in the first year; twenty-four (24) in the second year and eighteen (18) in the third. Ten (10) nurses will receive training in the development and administration of a hemodialysis training program during the first year and twenty (20) will be trained in the program to deal with home dialysis and the care of the patient with renal homotransplant. A second educational program consisting of workshops will provide continued development of nurses in the community involved in caring for patients on dialysis or those who have been transplanted.

3) To establish workshops for technicians, social workers, dietitians and public health nurses to orient them to special problems presented by patients with renal disease. Annual workshops will be held at the University of Iowa Medical Center for this group and at least one visit will be made annually to each of the satellite centers by members of this group to observe problems associated with the satellite centers, suggest solutions and promote communications within the system. Some of the programs will be interrelated with those of physicians and nurses, but special problems in each group will be dealt with separately.

The applicant is requesting a total of $13,389 for stipends to be paid to those physicians attending the program for intermediate periods of from one to six months. The stipends will be paid on a monthly basis.

#20 - A Program of Human Organ Procurement and Preservation for use in Clinical Transplantation

Requesting	01 7/1/71-6/30/72	02 7/1/72-6/30/73	03 7/1/71-6/30/74	All years
	$48,920	$35,272	$36,719	$120,911

The overall goal of this proposal is to better utilize existing sources of organ donors in order to make renal dialysis and transplantation available to more uremic patients in the Iowa Region.

Sponsored by the University of Iowa-Veterans Administration Hospital Renal Program, the major objectives of this proposal are:

1) to train organ preservation technician by two months on-the-job training;

2) to develop for clinical use an improved system of organ preservation by continuous cold perfusion;

3) to organize within community hospitals (five initially) cadaver organ recovery teams of physicians and nurses, thereby maximizing organ recovery potential, this will be coordinated with Project #19;

4) to extend cooperation to other regions, continentwide, in order to exchange and evaluate a greater number of well-matched, viable organs.

The IRMP will also assist the Kidney Foundation in launching a campaign to stimulate public understanding of the need for organ donors.

The evaluation activities will be in collaboration with those described in the preceding proposal "A Program to Train Physicians and Nurses in Renal Failure Management." The interrelationship of these two proposals and their combined impact on renal disease in the Iowa Region is tied to an increased capacity to perform transplants in Iowa.

The applicant has requested operational funds for a total of three years. However, as the program develops in clinical service, income will be generated and will be applied to the costs of continued operation of the program. The extent to which the proposal will be able to support itself will depend on the number of organs recovered and transplanted each year. The applicant states that a bill has been introduced in the Iowa General Assembly that proposed a fund to assist Iowa residents in the payment of medical bills arising from human organ transplants and if approved, will enable this activity to become self-supporting.

#21 - Multi-media Nursing Education

Requesting	01 7/1/71-6/30/72	02 7/1/72-6/30/73	03 7/1/73-6/30/74	All Years
Direct Costs	$108,737	$35,500	$22,500	$166,737

The Iowa Hospital, in cooperation with the Department of Nursing, Marycrest College, Davenport, the Department of Nursing, the Mercy Hospital, Iowa City and the Audiovisual Center of the University of Iowa proposes to upgrade nursing care in the Iowa Region by utilizing a self-instructional multi-media program of continuing nursing education. The proposal addresses itself to health care facilities providing nursing care for patients with cancer, heart disease, and stroke during all phases of their illness. These include general hospitals, extended care and convalescent care facilities, nursing homes and outpatient clinic. The program has as its target population, the Registered Nurse.

The specific aims of the project are to: 1) develop a programmed course manual and multi-media materials to be used in a self-instructional continuing nursing education program; 2) demonstration in five community hospitals the feasibility of the programmed, self-instructional multi-media package for continuing nursing education; 3) evaluate the program continually in order that the program format and content may be adopted to changing needs and demands; 4) make available to health care institutions and and agencies in the Iowa Region a self-instructional multi-media program of continuing nursing education and; 5) evaluate the impact of the project nursing attitude and behavior in the Iowa Region. Some of the expected advantages of this approach are that it will permit each hospital or health facility, regardless of size or location to update the knowledge of its nurse practitioners without sending them away and losing their services for varying periods of time. It reduces the cost of carrying on an effective continuing education program, because it eliminates the use of live teachers to keep repeating a program. Additionally, it will allow an inservice educator to use her time more productively and it will encourage recruitment of inactive nurses back into nursing by offering them an opportunity to update their skills at their own pace.

The applicant states that the proposal will become self-supporting after RMP funding has been terminated.

RMPS/GRB/3/16/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

IOWA REGIONAL MEDICAL PROGRAM
RM 00027-03 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Review Committee recommends that no additional funds be provided for this application. The Ad Hoc Renal Panel, on the other hand, believed one of the two Renal proposals, which were a part of the application, was fundable at a reduced level.

DIRECT COSTS ONLY

YEAR	REQUEST	RECOMMENDED
1st year	$328,356	- 0 -
2nd year	234,809	- 0 -
3rd year	218,474	- 0 -
TOTAL	$781,639	- 0 -

CRITIQUE: The reviewers noted that the Iowa Regional Medical Program will submit its Triennial application for October/November 1971 Review Committee and Council. The Review Committee was in agreement that the Iowa RMP has a dynamic program and the five proposed activities, although lacking innovation, are essentially excellent projects. However, both the primary and secondary reviewers were concerned that the proposals are not congruent with the emerging goals and objectives of Regional Medical Program Services, as described in the President's Health and Budget Messages, and that providing funds to support these activities would not be a priority use of RMP funds. Some of the Committee felt that disapproval of the projects was antithetic to the concept of decentralization and local goal-setting.

In reaching a recommendation, eleven (11) of the reviewers were in agreement, while three (3) members opposed and one (1) member abstained.

Renal Projects

During its review of this application the Committee did not have the benefit of the recommendations of the Ad Hoc Panel on Renal Disease which met concurrently with the National Review Committee.

The Ad Hoc Panel on Renal Disease believed that Project #20 A Program of Human Organ Procurement and Preservation for use in Clinical Transplantation was technically sound and worthy of support at a reduced total amount of $43,500 for the 1st year. Specifically, the Panel believed reductions were warranted in the categories of personnel, consultant services, supplies and equipment. Regarding the 2nd and 3rd years of support, the Panel believed that actual funding would have to be determined by the progress made during the 1st year of the project.

#19 - A Proposal to Train Physicians and Nurses in Renal Failure Management. The Panel did not believe that this project should be supported. The proposal appears to be a poorly conceived effort to provide support for the training of renal fellows which is not appropriate under RMPS policy. Further, the Panel suggested that the Region may wish to direct its efforts in the area of the development of home dialysis training programs.

Miss Kerr was not present during the Committee discussion or action on this application.

RMPS/GRB 4/23/71

KANSAS

SUMMARY

Table of Contents

Fiscal Information p. 1
Geography and Demography p. 5
Regional Development p. 5
Organizational Structure and Processes p. 8
Regional Objectives p. 8
Developmental Component p. 9
Application p. 10
Core p. 10
Continuation Projects p. 12
Renewal Projects p. 12
Approved but Unfunded Projects p. 14
Supplemental Projects p. 16

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION

(A Privileged Communication)

KANSAS REGIONAL MEDICAL PROGRAM
3909 Eaton Street
Kansas City, Kansas 66103

RM 00002-05 5/71
April 1971 Review Committee

Program Coordinator: Robert W. Brown, M.D.

This region is currently funded at $1,633,600 (direct costs) for its third operational year (which is an 11-month period) ending June 30, 1971. It submits a triennium application that proposes:

I - A Developmental Component
II - The continuation of Core and 2 ongoing activities
III - The activation of 4 Council approved but unfunded activities
IV - The renewal of 6 activities
V - The implementation of 1 new activity
VI - The termination of 2 activities

The Region requests $2,244,073 for its fifth year of operation, $2,158,176 for the sixth year and $2,503,999 for its seventh year. A breakout chart identifying the components for each of the three years follows.

A site visit is planned for this region, and staff's preliminary review of the application has identified several issues for the site visit team's consideration. These are also covered briefly in this summary.

FUNDING HISTORY

Planning

Grant Year	Period	Funded (d.c.o.)
01	7/1/66 - 6/30/67	$180,520
02	7/1/67 - 5/31/68	205,891

Operational Program

Grant Year	Period	Funded (d.c.o.)
01	6/1/67 - 5/31/68	$ 592,248
02	6/1/68 - 5/31/69	1,644,819
03	6/1/69 - 7/31/70	2,096,926 (14 mos.)
04	8/1/70 - 6/30/71	1,633,600 (11 mos.)
05	Future Commitment	1,353,159
06	Future Commitment	1,025,702

REGION KANSAS
CYCLE RM 00002 5/71
(Triennium)

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL COMPONENT				$163,360	$ 163,360	-0-	$ 163,360
CORE	$1,171,410				1,171,410	$325,231	1,496,641
#1R - Educational Programs - Great Bend		$139,574			139,574	36,330	175,904
#4 - Cardiovascular Nursing	136,441				136,441	38,647	175,088
#8R - CE for Cardiac Care		39,526			39,526	10,530	50,056
#9R - Nurse Retraining		32,074			32,074	9,864	41,938
#21R - Cerebrovas. & Neuro. Nurse Training		38,345			38,345	11,943	50,288
#23R - Medical Library Syst.		61,683			61,683	7,278	68,961
#32R - Institute for Dietitians		12,000			12,000	1,599	13,599
#38 - Med. Record Clerks CE	6,415				6,415	-0-	6,415
#40 - Comprehen. Nephrology			$133,678		133,678	23,933	157,611
#41 - Cancer Info. Center			82,803		82,803	19,671	102,474
#42 - CE Cancer Care			64,262		64,262	8,692	72,954
#44 - Nurse Clinician			125,212		125,212	12,786	137,998
#45 - Model Cities				$37,290	37,290	-0-	37,290
TOTAL	$1,314,266	$323,202	$405,955	$200,650	$2,244,073	$506,504	$2,750,577

REGION KANSAS
CYCLE RM 00002 5/71
(Triennium)

BREAKOUT OF REQUEST 06 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL				$201,134	$ 201,134	-0-	$ 201,134
CORE	$1,350,881				1,350,881	$ 393,400	1,744,281
#1R		$110,446			110,446	35,514	145,960
#4	---				---	---	
#8R		---			---	---	
#9R		---			---	---	
#21R		---			---	---	
#23R		68,846			68,846	5,481	74,327
#32R		---			---	---	
#38	---				---	---	
#40			$108,081		108,081	26,078	134,159
#41			88,358		88,358	21,435	109,793
#42			70,957		70,957	13,238	84,195
#44			122,183		122,183	13,933	136,116
#45				37,290	37,290		37,290
TOTAL	$1,350,881	$179,292	$389,579	$238,424	$2,158,176	$509,079	$2,667,255

BREAKOUT OF REQUEST 07 PERIOD

RM 00002 5/71

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
DEVEL.				$234,628	$ 234,628	-0-	$234,628	$ 599,122	$ 599,122
CORE	$1,620,083				1,620,083	$ 475,855	2,095,938	4,142,374	5,336,860
#1R		$117,015			117,015	37,338	154,353	367,035	476,217
#4	---				---	---		136,441	175,088
#8R		---			---	---		39,526	50,056
#9R		---			---	---		32,074	41,938
#21R		---			---	---		38,345	50,288
#23R		80,596			80,596	6,630	87,226	211,125	230,514
#32R		---			---	---		12,000	13,599
#38	---				---	---		6,415	6,415
#40			114,746		114,746	28,415	143,161	356,505	434,931
#41			101,314		101,314	23,354	124,668	272,475	336,935
#42			72,172		72,172	13,695	85,867	207,391	243,016
#44			126,155		126,155	15,180	141,335	373,550	415,449
#45				37,290	37,290	-0-	37,290	111,870	111,870
TOTAL	$1,620,083	$197,611	$414,387	$271,918	$2,503,999	$600,467	$3,104,466	$6,906,248	$8,522,298

Geography and Demography

The Kansas RMP boundary is the State's. A population of 2,200,000 is contained in the 82,000 square-mile area. The Region is primarily rural; its two largest cities are Kansas City and Wichita. The Kansas RMP shares boundaries with the Nebraska, Colorado-Wyoming, Oklahoma and Missouri RMP's. The relationship with the Missouri RMP's activities in Kansas City, Missouri, as well as the medical care flow patterns between the two political units, have been difficult to determine and appear to fluctuate from year to year. A liaison committee to coordinate the operations of the two RMP's in Kansas City was established several years ago, but neither RMP mentions it in their present applications.

The state of Kansas has one medical school - the University of Kansas and 34 schools of nursing, including diploma, associate degree and L.P.N. schools. There are also 61 schools of allied health.

Kansas is served by 2,218 practicing physicians (there are 2,442 M.D.'s in the state), 184 doctors of osteopathy, and 8,323 active nurses (there are 11,001 R.N.'s). There are 173 hospitals in the state; of these, 15 are state, military or V.A.

Regional Development

RMP planning in Kansas began with a Governor-appointed Commission who selected a Regional Advisory Group and named Dr. Mills as Coordinator. The planning grant was awarded in July 1966.

During the first operational year Dr. Charles Lewis was appointed permanent Coordinator and a site visit was held. Both reviewers of the early planning application and site visitors commented on the close ties of the RMP with the medical school. The medical school served as both the grantee agency and fiscal agent, representatives of the medical school served as RAG Chairman and in charge of important core functions, and early efforts in continuing education activities appeared to be a continuation of already existing activities of the medical school.

Conversely, representation on the RAG and involvement in the program of community interests, minority groups and other agencies needed to be expanded and strengthened.

This Region was one of the first to submit an operational program. The Region received funds for projects in April 1967. One of the first approved projects was the Great Bend Educational Program, which was to serve as a model for developing continuing education programs to attract and keep health care personnel in the rural and small town areas, developing linkages to provide better care to peripheral elements and increasing the overall capacity of providing care. The project, supported since June 1967, requests an additional three years of support in this application. Other projects approved during the first operation year included:

#2 - Reactivating Nurses (Great Bend)
#3 - Circuit Course for Active Nurses
#4 - Cardiovascular Nurse Training

#5 - Cancer Detection
#6 - Physical and Occupational Workshops
#7 - Cardiovascular Work Evaluation

All but Project #4 have been terminated.

During the second and third years a large number of continuing education courses for physicians, nurses and allied health personnel were submitted and approved. The following is a listing of the activities and their present status:

Activity	Status
#8 - Continuing Education for Cardiac Care	Renewing
#9 - Metropolitan Kansas City Nurse Retraining Program	Renewing
#10 - Health Data Bank	Terminated
#11 - Self-Instruction Centers	Terminated
#12 - Training Program for Cancer of the Gastrointestinal Tract	Withdrawn
#14 - Perceptual Motor Dysfunction Assesment and Treatment	Terminated
#15 - Physical Therapy Workshop	Terminated
#16 - Therapeutic Nutrition	Terminated
#17 - Cancer Chemotherapy Seminar	Terminated
#20 - Continuing Education Program for Occupational Therapists	Terminated
#21 - Cerebrovascular and Neurological Nurse Training	Renewing
#23 - Kansas Medical Library System	Renewing
#24 - Food Service Personnel Using the Dietary Consultant Approach	Terminated
#25 - Coordinated System for the Continuing Education of Medical and Paramedical Personnel	Transferred to Core
#26 - Cancer-Care Continuing Education Program	Terminated
#28 - Seminar on Basic Medical Librarianship	Terminated
#29 - Kansas City Council on Health Careers Manpower Recruitment Program	Approved but Unfunded
#32 - Institute for Dieticians	Renewing

While these projects seemed to have developed to solve rather specific problems in the allied health and continuing education areas, the reviewers believed there appeared to be an increasing need at the regional level for Committees or Task Forces in continuing education and allied health.

During the second and third operational year, the KRMP began the build-up of the subregional offices. Kansas has nine subregions which correspond geographically to CHP regions. Great Bend and Wichita were the first two to be staffed. Topeka, Colby and Emporia followed in 1969. Full subregional staffing was completed in 1970 with the addition of Garden City, Salina, Kansas City and Chanute (see attached map).

A site visit was held January 1969 to learn more about the regionalization process, the relationship of projects to the regional plan and to gain more information about the decision-making and priority-setting process. The team reported that: 1) significant progress had been made in subregionalization, although there was not general agreement in the Region as to what the concept would be; 2) as far as the team could determine, the projects fitted into a regional plan; 3) objectives were very general and not measurable and it was difficult to determine that priorities had been established.

In February 1969, Dr. Robert Brown, Director of the Great Bend project, succeeded Dr. Lewis as Coordinator. With Dr. Lewis' resignation, the hypertension earmark project, #19, which he directed, was discontinued.

Projects submitted and reviewed since May 1969 include the following:

Project	Status
#33 - Nursing in Long Term Illness	Disapproved
#34 - Basic Continuing Education Program in Community Health Nursing	Returned for Revision
#35 - Basic Education Program for Medical Clerks in Kansas Hospitals	Returned for Revision
#36 - Short Course in Instrumentation for Medical Technologists	Returned for Revision
#37 - Care of Patients with Fluid Electrolyte and Renal Problems	Funded
#38 - Revision of Project #35	Funded
#39 - Demonstration Project to Improve Community Chronic Illness Care	Return for Revision
#40 - Comprehensive Nephrology Training Program	Deferred
#41 - Cancer Information Service	Approved but Unfunded
#42 - Cancer Care Continuing Education Program	Approved but Unfunded
#43 - Model Rehabilitation Project	Funded by Rebudgeting
#44 - Nurse Clinician Program	Approved but Unfunded

The approved but unfunded projects are included in the Triennial Application for further funding consideration.

In these later applications the Region's program emphasis continued to be continuing education and its program implementation to reflect a one-by-one approach to education and training. In addition, nursing input in the development of curriculum or in project evaluation in nurse training projects was lacking, as was evidence of coordination between various professions involved in a single project. At the review of the last continuation application in July 1970, staff raised the following issues:

1. The difficulty in determining the RAG's contribution in policy-making and goal setting;

2. The need for measuring the impact the projects make in the institution and health care patterns, as well as for more overall program evaluation;

3. The need for a regional strategy in allied health and continuing education; and

4. The need for greater core staff assistance from the central and subregional levels to the projects in such areas as formulating education design.

Organizational Structure and Processes

The Kansas RMP has a 20-member Regional Advisory Group, which includes five consumer representatives. The RAG sets priorities, reviews ongoing operations, core staff activities and the activities of the Committees, Boards and subregional councils. The RAG is served by the following committees:

Executive Committee
Continuing Education Unit Policy Board
Lead Committee on Cardiovascular Disease and Rehabilitation
Lead Committee on Cancer
Renal Dialysis Medical Advisory Committee
Renal Dialysis Advisory Council
RAG Committee on the Annual Report

The specialized committees listed above exist to study problems and offer technical advice on policy in their respective area of expertise. They do not participate in the review process.

In addition to these groups, there are nine Local Advisory Groups, whose membership is representative of consumers and most of the health interests in each of the subregions. They serve in an advisory capacity to the Coordinator on matters concerning the health needs, problems and priorities and review project applications submitted from their subregion.

The present review process provides for an assessment by core, the subregional advisory groups and the RAG. Although review by ad hoc technical groups is shown in the review process proposed in November 1970, the Coordinator has stated that these are not yet operational. A schematic of the proposed review process is attached to the summary.

REGIONAL OBJECTIVES

The Kansas RMP has developed the following overall goals for 1971:

1. To strengthen existing cooperative arrangements to improve health care and to establish new ones.

2. To improve health professional performance and thereby patient care through effective continuing education.

3. To study and modify favorably the factors which influence distribution of health professionals and service.

4. To provide special training opportunities for new or relatively underdeveloped health professionals.

5. To evaluate components of the health care system and to support elements which rationally might increase quality, capacity or accessibility.

6. To improve communications, facilities, equipment and techniques related to the use of these.

7. To improve effects of the program in the Region.

The Kansas RMP states that it exists to improve the quality and availability of health services to people within the Region. Functioning within the framework of regional cooperative arrangements, the program has designed planning and operational components which "create an environment favorable for recruitment of critical health professions and assure these professionals career satisfaction and prominence in their locations" in each subregion.

DEVELOPMENTAL COMPONENT

First Year	Second Year	Third Year
$163,360	$201,134	$234,628

Developmental activities described in the application are largely extensions of ongoing Core activities and are generally related to the Region's seven objectives. More specifically, the Region plans for use of the developmental component funds include the following:

Data Requirements - For the past three years, KRMP has been co-sponsoring and jointly funding with CHP a study to provide a broad data base for planning purposes, and the Health Manpower Information. Further development is planned for cooperative studies relating to health manpower, personal health services, and facilities.

Manpower Training and Continuing Education - the Region has established working arrangements with both UKMS and the Wichita State University College of Health Related Professions (CHRP).

a. Regarding the first, emphasis has been placed on the development of affiliated health education and resource centers as part of regionalization efforts. Developmental activities, involving a potentially large number of medical communities seeking affiliation, will consist of extensive planning, initiation of education programs, communications support systems, and related activities.

b. The working relationship with WSU will concentrate on development of an expanded role for the CHRP in planning and implementing education programs which are coordinated, multi-institutional, formal and continuing education programs for health-related professions, and in analysis of present projected curricula.

c. Closely associated with the WSU effort, the Kansas Hospital Association and KRMP are cooperating in the development of a Personnel Development Program involving "inservice" programmed education in Kansas Hospitals for related health professionals, pre-professionals and other hospital personnel.

Community Programs - Two community-oriented activities of the KUMC Department of Human Ecology are of particular developmental interest to the Region:

a. A KRMP proposal to assist in defining a health care plan for the immediate area to improve accessibility.

b. A medical student preceptorship program to facilitate movement of students between institutions.

Four-level System of Medical Care - In June 1970, the Kansas Medical Society passed a resolution proposing a special study and recommending approval in principle of a four-level system of medical care suggested by the editor of the Salina Journal, Salina, Kansas, at the 1969 State Medical Meeting.

The system would consist of: 1) routine, immediate care in small towns by "superior nurses," operating under the direction of a physician; 2) physicians practicing in larger towns in cooperation with nurses in small towns, and skilled nursing homes; 3) physicians (including specialists) in regional centers with fully equipped hospitals, laboratories and nursing homes; and 4) a broad range of facilities and specialists as at Wichita and KUMC, interlocked with with State institutions and the Research center.

The Region views the study of such a four-level system as providing many areas for mutually usefull activities by KMS and KRMP which could be funded through a developmental componet.

Administrative Procedures for Allocating Developmental Component Funds

Contracts will be executed on approval of the entire RAG, and expenditures approved by the Director or his designee.

PRESENT APPLICATION	Requested Fifth Year
Core	$1,171,410

During the past year, the core function has been reorganized to consolidate [illegible] and to transfer some of the subregional offices from projects

to core. It now has six central sections and nine subregional offices. The central core offices, coordinated by the Office of the Director, include to following:

1. Office for Institutions and Administration - provides liaison between the central staff and nine subregions and develops working relationships with the Kansas Hospital Association and health-related institutions.

2. Office of Continuing Education - provides assistance in planning continuing education policies and strategy, in cooperation with the Continuing Education Planning Committee and Continuing Education Policy Board.

3. Office of Nursing - stimulates educational programs for nurses, both at the local and university level.

4. Office for Related Health Professions - develops at the regional leve pilot activities, feasibility studies and educational programs, and at the subregional level assists in developing projects and locally planned educational activities in the related health professions.

5. Office of Research and Evaluation - develops models of evaluation for project directors and a planning and evaluation strategy to permit program assessment. The Office of Health Manpower Information Program, with responsibility for data collection and analyses, is also included in this Evaluation section.

6. Office of Special Services - provide data processing and communications services for the Region.

There are subregional offices located in these nine locations - Kansas City, Emporia, Wichita, Great Bend, Topeka, Chanute, Colby, Garden City and Salina. Geographically KRMP's subregions relate closely to CHP subregions. Several of these core functions were formerly funded as projects and have been brought into Core auspices during the past year. The personnel in the subregional offices work with both the planning and operational activities and serve as executive secretaries to the Local Advisory Groups.

Core staff has sponsored a number of feasibility studies and joint planning efforts with other agencies. Examples of these cooperative efforts include studi conducted with the Wichita State University College of Health Related Professions, with the Kansas Hospital Association, and with CHP. A complete listing occurs between pages 98-127.

There are 66 (61 full-time equivalents) positions budgeted for 1971-72; all but one are filled. This number includes 38 professionals and 28 secretarial positions.

Sixth Year	Seventh Year
$1,350,881	$1,620,083

Continuation Projects

Continuation support is requested for the following two projects:

Project #4 - Cardiovascular Nurse Training — Requested $136,441

Support is requested to continue a unified in-service training program for nurses in providing care to acute cardiac patients in coronary and intensive care units. The program has trained over 100 nurses to date in six-week courses on electrocardiography, cardiopulmonary resuscitation and pharmacology of cardiac drugs. A physicians' course will be offered in the spring of 1971, both to update physician knowledge and to overcome the problem of lack of confidence in KRMP-trainied coronary care nurses.

The Region ranks this project tenth. It is directed towards goal 2 (improving professional performance).

Project #38 - Basic Continuing Education for Medical Record Clerks. — Requested $6,415

Funding would support a 3-month continuation period to allow extension of consultative visits beyond the present funding period for this project. Purpose of the project is to present a basic training program in medical record science to personnel in statewide hospitals who lack, or are unable to have, more formal training. Consultative visits are designed to evaluate on-the-job performance of librarians after training. Forty-two trainees participated in the first session, with post-test scores indicating a 42% knowledge increase. Second and third sessions were scheduled for January and April 1971, with similar objectives and format.

The Region ranks this project #12. It is directed toward goal 2 (improvement of performance).

Renewal Projects

The Region requests additional years of support for these six projects:

Project #1R - Great Bend Educational Program - — Requested $139,574

Site visit, Committee and Council action are required to extend support of this project for two additional years. The project which has been operational since 1967 requests support to continue development of this comprehensive, subregional, model education center affiliated with the University of Kansas Medical Center. The Center provides physician education, nurse retraining and allied health continuing education.

Proposed activities will continue with some change in emphasis, including a shift toward incorporation of linkages within the subregion and evaluation of the overall program in cooperation with the resources of the central Core staff.

This project is ranked first by KRMP since it addresses all seven of the Region's revised goals. It has resulted in a contract between Kansas University and central Kansas medical centers and working arrangements among

a variety of subregional institutions to carry out cooperative arrangements; improved technological and related health professional support for physicians; reduced previous restraints to shared practice; improved recruitment of physicians to the central Kansas area; and reactivated many nurses through the reorientation course. The project has, through reassessment of delivery methods, increased both capacity --- with the development of home health care services --- and quality of care through initiation of improved programs of care. There has also been installation of communications, teaching and computer aids. Finally, the project allows for experimentation and evaluation of its activities.

Sixth Year	Seventh Year
$110,446	$117,015

Project #8R - Continuing Education for Cardiac Care - Wichita — Requested $39,526

Funds will continue the support of a unified training course for nurses providing care of acute cardiac patients in coronary and intensive care units, and to provide continuing education for physicians. To date, 265 nurses have completed the two-week's training, and more than 100 physicians have participated in the two continuing education courses.

The Region ranks this project #11. It is directed towards goals 2 and 1 (improving professional performance and strengthening cooperative arrangements).

Project #9R - Metropolitan Kansas City Nurse Retraining (Reorientation to Clinical Nursing Project) — Requested $32,074

Support is requested to continue an interregional program of retraining or updating nurses for reactivation in the Metropolitan Kansas City area. To date, 133 have been trained. Of the first 84 participants, 74% were working 12 months after course attendance. The 17 participating hospitals have indicated interest in continuing the program and capability for assuming responsibility after July 1, 1971.

The Region ranks this project #9. It has provided spin-off in the form of instruction to teachers in outlying communities. The project is directed towards goals 2, 3 and 1 (improving performance, modification of factors influencing distribution of professionals, and strengthening of cooperative arrangements).

Project #21R - Cerebrovascular and Neurological Nurse Training — Requested $38,345

Funds will continue support of a program providing intensive training to prepare clinical nurse specialists in the area of cerebrovascular and neurological disease and trauma, and provide other short-term training for upgrading nursing competencies. Six enrollees have been trained to date to expand response and enrollment. The proponents wish to shorten the clinician course from 4 to 3 months, provide a variety of related courses varying in length and objectives, target the project towards other health professionals, and publicize the program to reach a larger audience. The spring and summer of 1971 would be used to plan retargeting of the program to reach nurses in all of the mid-continent states.

The Region ranks this project #14.

Project #23R-Kansas Medical Library System

Requested Third Year $61,683

Similar action is required for this three-year request. Future support is asked to continue development of this system of medical library service designed to provide ready accessibility to health professionals. Additional activities proposed include: education of library personnel with limited experience, initiation of quality control of library services, completion of the revision of KUMC film catalog, publication and distribution of 1,000 medical bibliographies to medical librarians statewide, and the securing of future financial and administrative support for the library system in view of eventual KRMP funding termination. This project is ranked third by the region, relating to goals 1,2, and 6 (strengthening cooperative arrangements, improving performance, and improving communications).

Fourth Year: $68,846 Fifth Year: $80,596

Project #32R-Institute for Dieticians.

Requested $12,000

Support is requested to continue this two-part training program, sponsored by the Kansas State University, which is designed to update knowledge of therapeutic dieticians currently employed and reorient inactive dieticians. The program offers a one-week institute in therapeutic nutrition and a second one-week institute in Dietary Department Management. The summer 1970 session trained 21 in the first course and 17 in the second. Both will be offered again in 1971 with no basic changes in format or methodology.

The Region ranks this project #13. It is directed towards goal 2 (improvement of performance).

Approved but Unfunded Projects

Projects #40 - 44 were previously reviewed by Council in November 1970. No action was taken on Project #40 until the Council had an opportunity to review the Kansas RMP Anniversary Review application and site visit findings. Projects #41, 42, and 44 were approved, but due to national funding constraints could not be funded. Committee and Council action on these three is needed in determining a funding level for the next year and not for approval of the activities.

Project #40 - Development of a Comprehensive Nephrology Program

Requested First Year $133,678

Action on this project was deferred to a later Council so that the site visitors could review the proposal in light of the total KRMP

program and statewide efforts in kidney disease. The Region has just terminated a renal disease training program, Project #37, Care of Patients with Fluid, Electrolyte and Renal Problems. The Region is presently negotiating with the Missouri and Bi-State RMP's to develop a multi-regional renal program appropriate for 910 funding (p.166) for submission March 1, 1971.

This project, #40, would be implemented in three phases. In the first phase, a six-week training course in center-based (or back-up unit) dialysis for community hospital nurses and technicians will be developed and implemented, and a series of courses for physicians will be developed to update knowledge of renal care and improve interaction of physicians and nurse nephrologists. Existing KUMC facilities will be expanded for all training. In the second phase, physician training will be implemented and training of Nurse Nephrologists begun. Hospital administrators will also begin training in both funding of treatment and accounting procedures. In the third phase, with planning already completed for coordinated renal prevention, detection and treatment, Nurse Nephrologists will be introduced into the care system. Future sponsorship for the project will also be arranged at this time.

This project is ranked seventh by the region, and is directed toward goals 4, 3 and 2 (training of new and underdeveloped health professionals, modification of factors influencing distribution of health professionals, and improvement of professional performance).

Second Year: $108,081 Third Year: $114,746

Project #41 - Cancer Information Service — Requested $82,803

This project would establish a uniform and complete computerized central cancer registry to replace costly manual systems now supported by only a few hospitals in the State. Support of participating hospital registries will require education of medical records personnel and periodic auditing of abstracts in the hospitals by a traveling medical record librarian or expert cancer registry secretary. Other activities will include: provision of cancer consultation service, study of the value of a newsletter in disseminating information on available registry data, education and computer-aided instruction, study of the value of a central registry and a tissue section repository, and a pilot study on means of extending cancer education in Kansas.

The Region ranks this project fourth. It is directed towards goals 1, 2, and 6 (strengthening cooperative arrangements, improvement of professional performance, and improvement of communications facilities, equipment and related techniques).

Second Year: $88,358 Third Year: $101,314

Requested
Project #42 - Cancer Care Continuing Education Program $64,262

The purpose of this project is to train RN's, LPN's operating room technicians, and families of cancer victims in the etiology, diagnosis, and treatment of cancer; and to develop a coordinated hospital and home care program to serve the subregion. Evaluation procedures will be designed to record both knowledge and attitude changes in trainees and development of the hospital home care program.

This project is ranked eighth by the Region, and is directed towards goals 2 and 1 (improving professional performance and strengthening cooperative arrangements).

Second Year: $70,957 Third Year: $72,172

Requested
Project #44 - Nurse Clinician Program $125,212

The purpose of this project is to train nurses to act in a primary therapist's role in the medical management of patients, as a remedy to physician shortage and maldistribution, and lack of accessible, comprehensive services. The two-part program would consist of an eight-week core program and a six to ten month preceptorship program. The core program is designed to train a maximum of 120 clinicians after three years, with four classes per year. Each trainee must have physician or agency sponsorship with a guarantee of employment after training.

Upon completion of the core program trainees will begin a preceptorship to develop in-depth knowledge and expertise in management of care under a physician's tutelage, and in a variety of possible practice settings. It is viewed as potentially providing a comparison study with programs elsewhere in the nation geared to developing physician assistants. The project is directed towards goals 4, 3, and 1 (training new or underdeveloped health professionals, modification of factors influencing distribution of professionals, and strengthening cooperative arrangements).

Second Year: $122,183 Third Year: $126,155

Supplemental Project:

Requested
Project #45 - Model City Health Manpower Education and Recruitment Program. $37,290

The purpose of this project is to raise the level of knowledge and understanding among Kansas City, Kansas model neighborhood residents about good health practices and to provide a means of their entry into health professions as health aides, while at the same time easing the health manpower shortage and access problems prevalent in the area. Under supervision of a health coordinator, six health aides will be involved in classroom instruction on community health, practicum activities, and supervised activities involving communication with and teaching of residents in

need of education or services. A Model Cities supplemental grant will provide the trainees' salaries. Another Model Cities project is being funded by Missouri RMP in the Wayne-Miner area of Kansas City, Missouri.

The Region ranks this project sixth. It is directed towards goals 3 and 4 (modification of factors influencing distribution of professionals and training of new professionals).

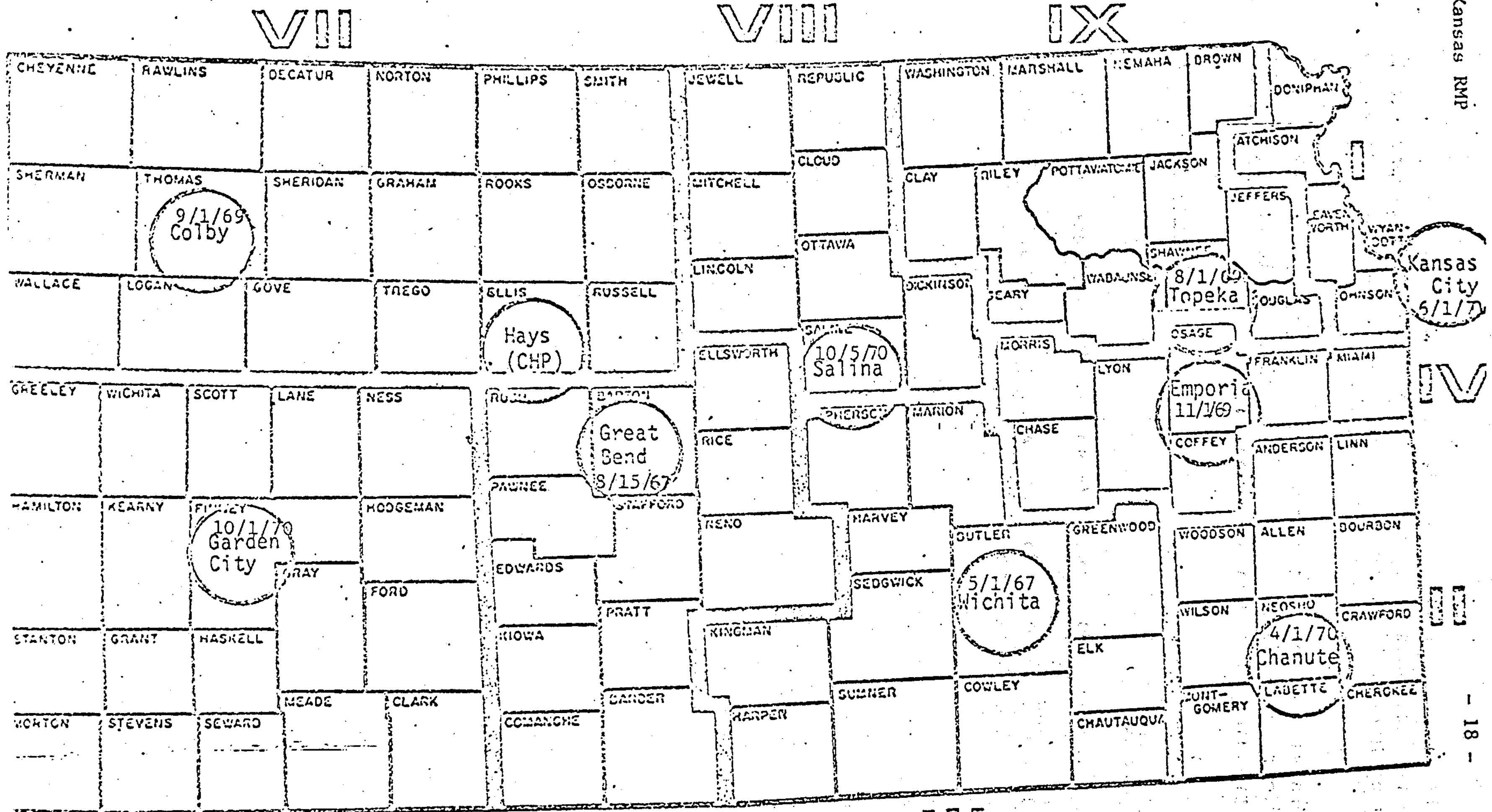
Second Year: $37,290 Third Year: $37,290

Terminated Projects (6/71)

Project #24- Food Service Personnel Using Dietary Consultant Approach
Project #37- Care of Patients with Fluid, Electrolyte and Renal Problems

GRB/2-17-71

KANSAS REGIONAL MEDICAL PROGRAM SUBREGIONS (AND DATES ACTIVITIES WERE INITIATED)



I	Northeast	IV	Flint Hills	VII	Northwest
II	Southeast	V	Central	VIII	Northcentral
III	Southcentral	VI	Southwest	IX	Capitol

RM 00002 5/71

KRMP PROJECT REVIEW PROCESS

KEY

→ Document flow

- - → Document flow when required

N Review of project need

T Review of project technical aspects

Information

C? Decision to continue review process

S? Decision to submit project to DRMP

F? Decision to fund project

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: February 16, 1971

Reply to Attn of:

Subject: Staff Review of the Triennial Application from the Kansas Regional Medical Program RM 2-05

To: Acting Director
Regional Medical Programs Service
THROUGH: Chairman of the Month

Chief, Grants Review Branch

Chief, Grants Management Branch

Acting Chief, Regional Development Branch

Staff met to review the triennial application submitted by the Kansas Regional Medical Program. A primary purpose of this review was to identify and discuss issues for the site visit on March 4-5. Since only two projects have commitments and this is a triennial look, deliberation of the continuation portion of the application seemed superfluous.

The application requested the following total costs for the 05 year:

Core	$1,496,641
Continuation Projects #4 and #38	181,503
Renewal Projects #s 1, 8, 9, 21, 23, 32	400,746
Previously Approved/Unfunded #s 40, 41, 42, 44	471,037
New Projects (#45)	37,290
Developmental Component	163,360
TOTAL	$2,750,577

Since Kansas was one of the first Regions to use the new application forms, staff began the discussion with some comments about some of the improvements and problems the forms presented and about how Kansas had used them.
1. Staff agreed that the forms presented good concise descriptions of core feasibility studies and projects and that this facilitated use of the descriptor forms for the MIS system. On the other hand, the brevity of the material on projects made it difficult to determine whether progress was occuring as planned, the acceptance of the activity, its spinoff effects, the difference it was making in changing the delivery of health care, who was doing what, and the methods used to carry out the activity. 2. While the local review process has the responsibility for assuring adequate review of answers to these questions, staff could not judge the adequacy of the review process by the yes/no answers to form 13 and they were further disturbed by the admission of the Coordinator that Kansas had no peer technical review

the Region would discuss their overall strategy in major program areas, such as continuing education. In the Kansas program by far the largest number of projects and amount of money are invested in continuing education. In the past, fragmentation of these activities has given cause for concern about a coordinated plan in this area. In this application, the sense of fragmentation is furthered by the forms' piecemeal approach to the program through the discussions in terms of relationships with organizations, projects and core feasibility studies, rather than as a whole. As a consequence, staff saw the need for information of this sort being either requested in the application or in an interim position paper which could be made available for the site visitors and other reviewers. 4. There is no overall budget picture giving totals for the 02 and 03 years and subtotals for core and projects for all years. Because the program had to be written to provide this information the MIS could not have the information available until the time of the meeting. Staff, therefore, did not have it available for earlier individual study and thus had to duplicate the system's efforts in order to look at the fiscal side of the Region's request prior to the meeting. Indirect cost figures are not available for the 02 and 03 years for budget projection purposes. 5. Since no geographic or demographic data was provided, staff needed to call the Region to get the information.

Thus, while Kansas has made fairly good use of the forms, it involves a special challenge to staff in providing additional material for the site visitors which will highlight the issues and present a clearer picture of the Kansas program.

The following issues and questions for the site visitors and national reviewers have been grouped according to the categories of the Program Review Criteria.

1. <u>Goals, Objectives and Priorities</u>

Kansas has outlined seven objectives and given each project a priority ranking purportedly based on its relation to the objectives. What is the extent of the acceptance of these objectives and the priority ranking on the part of those associated with KRMP-Core Staff, Local Advisory Committees, RAG. The Great Bend program is ranked #1 and Dr. Brown was the director of this program before he became Coordinator.

2. <u>Organizational Effectiveness</u>

a. <u>Coordinator</u> - Dr. Brown, who is well-known throughout the state, is generally regarded as a strong coordinator. There are some indications from core staff members that Dr. Brown's span of control in the whole program may be too restrictive. As an example, RMPS Staff has learned confidentially that his staff are not permitted to attend RAG meetings.

b. <u>Core Staff</u> - What is the relationship between the central core staff in Kansas City and the subregional staff? What kind of assistance does the central core provide the subregional coordinators? With regard to core

feabibility studies: 1) Why is KRMP supporting activities designed directly for medical students and residents? 2) What is the need for three automated medical record systems (p. 110, 111, 117) and what is the relationship among the three? What use is KRMP making of the large amount of ongoing work in this area?

c. omitted - section in outline not applicable to discussion.

d. Regional Advisory Group - To what extent is this group a creature of the Coordinator's or an independent agent? There is one nurse, who is affiliated with the University and no allied health representative on the RAG. In view of the large proportion of activities involving these groups, should consideration be given to increasing this representation? Is there sufficient minority group (blacks, Indians, migrants) representation? What provision is being made for VA representation? Where is there provision for local Advisory Groups' input into the RAG's decision making?

e. Subregionalization - Kansas RMP has nine subregional offices, two of which will be visited by the site visit team (Great Bend and Wichita). Concerns which staff brought up for consideration are: 1) provider and consumer acceptance of the subregional programs; 2) accomplishments, any changes in direction and future plans; 3) functioning of the local advisory groups; 4) the relationship between subregional core staff and projects (either ongoing or proposed) in the subregions; and 5) linkages with the medical school and other health institutions; 6) spinoff effects in terms of serving as the impetus for the establishment of similar activities in the surrounding area; 7) how do the other subregions view the Great Bend and Wichita programs; and 8) what is the decision-making process for deciding whether a project will be designed for a subregion or the entire Region? 9) in a subregional project, who agrees that a particular hospital serves as a focal point for the project?

With regard to the program at Great Bend in particular, staff wondered: 1) Is there any educator input in the design of the educational programs; 2) Has the program actually resulted in the recruitment of additional health personnel to the area; 3) What is the participation of the LAG's in goal setting?

In reviewing the Wichita program, staff queried: 1) What is the relationship of the subregional office to project #8, Continuing Education for Cardiac Care at Wesley Hospital, and what assistance, if any, has been offered to the proposers; 2) What is the relationship with the CHP(b) agency in Wichita and the Wichita State University College of Health Related Professions; 3) How had the RMP efforts there dealt with the early secessionist moves on the part of physicians and hospitals?

3. Involvement of Regional Resources - The KRMP began as a medical school dominated program. The present coordinator has taken several steps to change this, such as replacing most of the vacancies which occurred on core staff after the last Coordinator left with non-university faculty

personnel and increasing the subregional aspect of the program. How effective have these efforts been, staff wondered. With the appointment or a new CHP(A) Agency Director, what is the relationship with this agency.

4. Assessment of Needs, Problems and Resources - Many references are made in the application to the collection of data, including a Health Manpower Information Program based in Topeka and the Health Information System funded by core. What have these studies and surveys shown about health care needs in Kansas and how has this information been used to determine objectives and goals, as well as project activities. Staff noted an apparent duplication of effort on core staff in collecting and analyzing data which should be investigated (refer to appendices).

5. Program Implementation and Accomplishments - What kinds of proposals are coming up through the review process and what kinds have been disapproved during the past year? What kinds of activities would the developmental component fund? Why has the Region elected to renew so many projects? What efforts is the Region making to find other sources of support for these activities?

As noted before, the Kansas program has a heavy continuing education emphasis. What role does the Continuing Education Committee vis a vis the Director of Continuing Education and core staff, Dr. Rising, play in determining this aspect of the program? In the past, there has been a unilateral, rather than a multi-disciplinary or team approach to continuing education and training. Has the Region's approach to this changed? What is the role of Lead Committees in determining objectives and priorities in their respective areas of concern?

6. Evaluation - Staff was generally pleased with the Region's project evaluation. Objectives are set in measurable terms, progress is evaluated accordingly and projects appear to be monitored by core staff. Models of evaluation for project directors are also provided by the evaluation section on core staff. Staff believed, however, that program evaluation needed to be strengthened.

The following staff members attended the meeting:

Dona Houseal, Grants Review Branch
Teresa Schoen, Planning & Evaluation
Frank Zizlavsky, Regional Development Branch
Gerald Gardell, Grants Management Branch
Charlie Barnes, Grants Management Branch
Lawrence Pullen, Grants Management Branch
Julia Kuhla, Continuing Education Branch
Bob Chambliss, Organizational Liaison

Ted Moore, Kidney Disease Control Program
Joe Ott, Systems Management
Joanne O'Malley, Systems Management
Harold O'Flaherty, Planning & Evaluation
Spiro Moutsatsous, Planning & Evaluation

Dona E. Houseal
Public Health Advisor
Grants Review Branch

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

KANSAS REGIONAL MEDICAL PROGRAM
RM 00002 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommended that this application which requests: 1) the activation of four Council approved but unfunded activities, 2) renewed support for six activities, 3) the implementation of one new activity and 4) a developmental component, be partially supported as follows:

REQUEST

YEAR	COMMIT-MENT	DEVELOPMENTAL COMPONENT	SUPPLEMENTAL PROJECTS	TOTAL
05	$1,314,266 1/	163,360	766,447 2/	2,244,073
06	1,350,881 1/	201,134	606,161 2/	2,158,176
07	1,620,083 1/	234,628	649,288 2/	2,503,999
TOTAL	$4,285,230	599,122	2,021,896	6,906,248

SITE VISIT AND COMMITTEE RECOMMENDATIONS

YEAR	STAFF	DEVELOPMENTAL COMPONENT	TOTAL ALL COMPONENTS
05	Deferred to	-0-	1,800,000 1&2/
06	Site Visit	-0-	1,800,000 1&2/
07	Team	-0-	1,800,000 1&2/
TOTAL			5,400,000

1/ Includes core and projects #4 and 38.
2/ Includes projects 1R, 8R, 9R, 21R, 23R, 32R, 40, 41, 42, 44, 45

Critique: In its deliberation, the Committee accepted the report of the site visit to the Kansas Region on March 4-5, 1971. Under the dynamic leadership of the Coordinator, Dr. Brown, this Region has come far since its early operational years when University representatives dominated the RAG, its faculty occupied the major Core positions, and the projects were generated at the University, if not actually located there. The University's predominant influence has been gradually disengaged from the program. In line with its growing commitment to the regionalization of health services and education, the University now looks to RMP as a

vehicle for subregionalization of medical education and new models of health care delivery.

Kansas has severe medical manpower problems throughout most of the state. Most of the KRMP's programs have been directed to some aspect of the manpower problem, usually continuing education for health professionals. While many projects continue to be continuing education - oriented, their emphasis has changed from that of an end in itself to a means of fostering better health care. The subregional part of the Kansas program, which includes a local Advisory Group and a Core staff member in each of the nine subregions, has been developed in order for people in these medical service areas to determine their own needs in improving health care.

Part of the site visit team went to Great Bend and Wichita to meet with Core staff members, project staff, and providers and consumers involved with KRMP in these communities. While early subregional efforts were developed to design models for the entire Region, the visitors reported to Committee that the Region seems to have learned from this experience that each subregion must determine its own model.

The leadership for this program lies clearly with the Coordinator, who is a forceful administrator, is respected throughout the state and has apparently a firm grasp on the Region's problems and the methods needed to solve them. He has been successful in building RMP committees around existing groups established by other agencies, rather than creating separate RMP groups. He has established a very capable Core staff whose members are involved with the new Wichita State University College of Health Related Professions, with migrant and inner city health problems, and in many subregions providing staffing for CHP areawide planning groups. As a consequence, RMP is becoming an integral part of health services planning in Kansas.

Decision-making, priority-setting and review processes are areas of weakness and should be strengthened. The review process could not be evaluated since it is still on paper. The policy-setting Lead Committees in various categorical areas are still just being organized. The RAG relies heavily on the Coordinator for direction of the Program and for setting goals, objectives and priorities. Because Dr. Brown serves as the principal conveyor of information between the RAG and Core staff, Local Advisory Groups, the Lead Committees and project proposers, the RAG is isolated and generally reacts to, rather than initiates program ideas. The communications problem attendant to Dr. Brown's key position of filterer of information has also prevented better LAG input into establishment of regional goals and objectives. Committee concurred with the team's recommendation that the Coordinator develop broader communications linkages among the various regional groups and place high priority on fostering a more independent role for the RAG. At the same time, however the Region shows potential for securing provider support and establishing an organizational pattern for the regionalization of improved health care delivery and health manpower education which Committee believes is valuable and should be encouraged.

Committee had concerns about the Region's priority-setting and decision-making process, which ranked a computerized cancer registry proposal (Project #41) higher than a Model Cities health aide training program (#45). The site visit team members present at Committee indicated that the hard decisions required in coping with a reduced budget might produce a different alignment of priorities and that with regard to the tumor registry proposal, the Coordinator would probably be able to take advantage of any funds available in the state for further developmental efforts. Committee, thought however, that their reservations about the wisdom of allocating RMP funds for the proposal should be communicated to the Region, since the evaluation of existing funded computerized registries as related by RMPS staff showed generally inadequate results. Committee suggested that the Region be reminded of Council policy on tumor registries, which states that RMP support may be provided when: they make important contributions to regionalized improvement of patient care, they plan to disengage RMP funds promptly, and RMP support is confined to organization, planning of output and development of new methods and not major equipment purchases or operation.

Committee agreed with the rationale for the site visitors' funding recommendation which would give the Region some funds to continue the more successful ongoing activities and at the same time apply pressure to the Region to develop new and more innovative activities. Because of the RAG's relative inactivity in the decision-making and priority-setting process and the latitude for developmental activities provided for in the Core budget, there was no dissent with the site visitors negative recommendation on the developmental component request.

Project #40 - Development of a Comprehensive Nephrology Training Program, was reviewed by the Ad Hoc Panel on Renal Disease. Committee did not have access to the Panel's recommendations during its review. The proposal had been reviewed in November 1970 and deferred until it could be looked at by a site visit team in terms of its relation to the overall program. While the site visitors did not assess the technical merit of the proposal, they questioned the proposers about the proposals relationship with other programs in the state, the efforts of the RMP Lead Committee in Renal Disease and the proposed 910 application to be submitted by the Kansas, Missouri and Bi-State RMP's. The team was satisfied that the Region would coordinate regional resources, seek to prevent duplication of effort and combine efforts for planning of a complete regional program. The site visitors included funds for the proposal at a reduced level in their overall recommendation for support. Committee accepted the recommendation. The Panel deferred their decision because of lack of information.

Panel Technical Critique: Because the Panel had been provided only a short summary of the proposal and not the complete description originally submitted in August 1970, they deferred their recommendation. In addition, they stated that the proposed short-term training (several days) for physicians has been proved inadequate for proper training. The home dialysis training is not discussed fully enough in terms of existing needs, present status of therapy and resources in details of design and method.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 26, 1971

Reply to Attn of:

Subject: Kansas Regional Medical Program Quick Site Visit Report, March 4-5, 1971

To: Director
Regional Medical Programs Service

THROUGH: Acting Deputy Director
Regional Medical Programs Service

I. STRUCTURE

The site visit was divided into two parts for the March 4 session because of the importance of the subregional program and the need to speak to the Great Bend and Wichita representatives in their home communities. A list of the site visitors is attached. The site visit was structured so that:

1. The Kansas City team (Dr. Schmidt, Dr. Weinberg and Miss Houseal, Miss Schoen and Mr. Maddox from staff) met with the Coordinator, the RAG, various Committee members and representatives of the University, CHP and others interested in RMP from around the state, and

2. The Great Bend-Wichita team (Mrs. Wyckoff and Dr. Nicholas, and Mr. Zizlavsky and Miss Kula from staff) met with Core staff members, project staff and providers and consumers involved with the KRMP in these locations. After spending the morning in Great Bend and the afternoon in Wichita, this team joined the first group in Kansas City. The entire team met with Core staff on the second day.

II. MAJOR QUESTIONS

Briefly, the major concerns of this site visit were: 1) the amount of control over the program exercised by the Coordinator; 2) the representation and decision-making of the RAG; 3) KRMP's relationship with the University; 4) the adequacy of the technical aspect of the review process; 5) the apparent programmatic emphasis on continuing education; 6) the involvement at the subregional level and the relationship of subregional programs and groups with the regional groups and the statewide program; and 7) the relationship of KRMP with statewide groups, such as CHP.

III. FINDINGS AND RECOMMENDATIONS

Dr. Brown, the Coordinator, is clearly the pivotal point in the Kansas program at present. He dominates the Core staff, and the Regional Advisory Group is his creature. He serves as a filter for communications between the RAG and Core staff, Local Advisory Groups, categorical Lead Committees and project proposers. As a consequence, the RAG is isolated and fairly weak and generally reacts to, rather than initiates, program ideas. This amount of control can be rationalized somewhat by Dr. Brown's need both to shore up the program after the last Coordinator resigned and to disengage the program from the medical school's domination.

While Dr. Brown's control of the program may be justly criticized, he has, however, several major accomplishments to his credit. He has assembled a very capable Core staff. He has the cooperation of the appropriate state-wide groups and has been even more effective in working with individual physicians and hospital administrators in getting things done. As in many Regions, RMP has been on the scene longer than CHP and has consequently been more successful in garnering support at the local level.

Dr. Brown has also been very adept in building RMP technical committees around existing groups established by other agencies, rather than creating separate RMP groups. Examples of such efforts are the Pulmonary, Renal and Cancer Lead Committees.

The Coordinator also seems to be directing increasing attention to health services delivery, and there is evidence that he is in contact with those in the Region who may be developing health maintenance organizations.

The site visitors commended Dr. Brown for taking advantage of these kinds of opportunities, but they also recommended that he involve the RAG and other regional groups in more of the decision-making so that the program would be less of a one-man show.

The technical aspect of the review process is still on paper, but is expected to go operational this year. Provisions have been made for CHP comment.

In Great Bend, the multi-faceted education program for health care personnel is making progress. Particularly impressive is the R.N. retraining program, which returned 55 nurses to active employment out of a total enrollment of 65 in the course. While the Great Bend project has not been able to recruit more physicians to the area, it has helped those practicing in the Great Bend area by arranging for individual consultation on difficult cases by K.U. medical center personnel. Leadership in the Great Bend area is distributed among the director of the Great Bend project, the subregional Core staff and the Local Action Group, comprised of multi-agency and professional representatives, as well as consumers. The LAG has been

particularly active in helping to identify and involve local people in the RMP sponsored educational activities.

The subregional Coordinator in Wichita has developed excellent working relationships with local project directors and with health professionals in surrounding counties. He has brought about stronger ties with the State Medical Society and has been instrumental in achieving better relationships between physicians and hospital groups.

He has also been a prime instigator in the establishment of the new College of Health Related Professions at Wichita State University. A weakness of the Wichita Core operation was the data collection efforts, which so far have not provided information which is applicable or helpful to RMP planning. The Wichita subregion also has a mature and functioning LAG, which relates well with the CHP (b) Council.

LAG representatives from both subregions indicated that while they have informal communications with the RAG through Core staff and, in one instance from a RAG member who also is on the LAG, some better method of formal reporting of RAG meetings, such as written reports of RAG meetings, and of getting LAG input into establishment of regional goals to be instituted.

After discussing their experiences in Great Bend, Wichita and Kansas City, the site visitors realized that the continuing education and subregional activities, rather than being ends in themselves, had been developed to regionalize health services for improved health care on the local scene. Core staff and Local Advisory Groups were developed in order for people in these medical service subregions to determine themselves what they needed. One of the biggest lessons the Region seems to have learned from the Great Bend and Wichita experiences was that the model for each subregion should be "what each subregion wants to do."

In line with the subregional concept the University is now looking to RMP as the vehicle for subregionalization of medical education and new models of health care delivery rather than, as in the early days of the program, using RMP as a funding source for continuing education programs out of the medical center. In allied health, the RMP will support and utilize the resources of the newly developing College of Health Related Professions at Wichita State College.

The team concluded that the Region has made significant progress since the last site visit. They are developing a subregional program using continuing education as a vehicle designed to improve health care. The most significant need is for the Coordinator to develop broader communications linkages among various regional groups (RAG, LAG, Lead Committees, etc.) and to foster a more independent role for the RAG.

The funding level recommended for the Region's fifth, sixth and seventh years is approximately $1.8 million (direct costs). Because the RAG is not an active enough participant in the decision-making process, the developmental component request was disapproved.

Dona E. Houseal

Dona E. Houseal
Public Health Advisor
Grants Review Branch

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL SUPPLEMENT GRANT APPLICATION
(A Privileged Communication)

MAINE'S REGIONAL MEDICAL PROGRAM
Medical Care Development, Inc.
295 Water Street
Augusta, Maine 04330

RM 00054 5/71
April 1971 Review Committee

Program Coordinator: Manu Chatterjee, M.D.

This Region was awarded $904,473* for its 03 operational year ending September 1971. The 03 year award included indirect costs of $1,976, which represents an average indirect cost rate that does not even approach one percent. The current application requests one-year supplemental funding of $27,896 from the Model Cities earmark to conduct a program in Family Nurse Associate Training which will have an impact in the Model Cities areas of Portland and Lewiston.

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funded (Direct Costs)
01	5/67 - 4/68	$193,909
02	5/68 - 4/69	358,170

Operational Program

Grant Year	Period	Funded (Direct Costs)	Future Commitment (Direct Costs)
01	7/68 - 6/69	$ 428,106	---
02	7/69 - 9/70 (15 mos.)	1,229,634	---
03	10/70 - 9/71	904,473*	---
04	10/71 - 9/72	---	$637,642
05	10/72 - 9/73	---	57,333

* Reduced to $868,592 (see footnote on page 2)

Maine's Regional Medical Program received one of the first anniversary program site visits in October 1970, and was enthusiastically recommended for developmental component funding by the site team, Committee, and Council. Supplemental funding for two new projects was recommended as well, for a total 03 funding level of $1,304,969 for this Region. Financial stringencies, however, have prohibited the awarding of new funds, and this Program is operating at its previously committed level of funding, as follows:

Core	$440,496
Guest Resident Program	30,940
Kennebec Valley Regional Health Agency	171,144
Smoking Control Program	37,538
Coronary Care Program	146,812
Physicians' Continuing Education	56,228
Regional Library	21,315
	$904,473*

Regional Objectives

Maine's Regional Medical Program and its Regional Advisory Group have isolated six program objectives. In priority order these are: 1) experiment with new methods for delivering health care to disadvantaged areas; 2) develop new health manpower; 3) improve and update the level of medical knowledge; 4) develop subregional capabilities for area-wide health planning and the delivery of health services; 5) maximize the capability for delivery of quality medical care through community hospitals; and 6) maximize the capability for providing diagnosis, treatment, and medical educational leadership in referral hospitals.

October 1970 Site Visit

The prologue to the site visit report gives a good summation of the sentiments of the Committee, the site team, and the Council about this Region.

> The site visitors saw the evolution of Maine's Regional Medical Program as being remarkably consistent with that of the program at the national level - starting with a categorical emphasis but expanding to include a clear commitment to the development of an integrated system of medical care which provides access to medically depressed populations as well as improvement of availability of care to the community at large. The six program objectives identified by the Region, and ranked in priority order by the RAG, reflect this emphasis, but also are geared to the

* Because of RMPS fiscal stringencies, the amount of money available to Maine during its 03 year has been reduced to $868,592 (including $50,693 carryover). Rebudgeting among program components, however, has not yet been completed.

unique needs of Maine itself. The progress MRMP has made to date appears good, with some peaks of excellence and few valleys. Essentially, the Region has been carrying out the public health functions of the state. The visitors were impressed with the sincerity and effectiveness of the Coordinator and his core staff. With the few exceptions described in the body of this report, the role of the Regional Advisory Group indicates the readiness of the Region to receive and administer developmental component monies. The Regional Advisory Group is established as the final review authority and comfortably occupies a policy and decision-making position. MRMP has developed good and productive relationships with other organizations in the state. In general, the site team thought this Region possessed the regional maturity, the capabilities, and the appropriate management abilities to make good use of developmental component monies.

The site team did suggest, however, that the Region take steps to: 1) change the character of consumer representation on the RAG to include non-medically oriented consumers and those of modest means; 2) develop a subcommittee or task force structure for the Regional Advisory Group; and 3) clearly separate the functions of the Board of Directors from those of the Regional Advisory Group.

Project #20 - Family Nurse Associate Training Proposal — 01 Year Request: $27,896

This proposal is related to the first two program priority areas of the Region: 1) experimenting with new methods for delivering health care to disadvantaged areas; and 2) developing new health manpower. The goals of the proposal are:

1. To increase the depth of skills, knowledge, and understanding of specially selected family-oriented nurses.

2. To provide more effective and comprehensive management of family patient care with physician direction in the home, the clinic, and other community settings.

3. To relieve the stress and pressure on existent systems and facilities delivering health care.

The application states that this will complement an existing RMP-supported Pediatric Nurse Associate program and should be followed by an OB-NA program to complete the trilogy.

Six Registered Nurses (four of whom will come from Model Cities areas) will participate in the first course. The year-long schedule includes four months of intensive training and eight months of field supervision. Six hospitals and agencies (including the Model Cities Neighborhood Health Station) have offered their facilities for use in the clinical portion of the program. Program evaluation will be the responsibility of MRMP's Division of Evaluation, and will involve a pre/post/follow-up assessment.

The budget submitted to RMPS provides mainly for personnel and consultant services. Other sources of support, to include student stipends, are being explored. If the first course is successful, two additional years of support will be sought from RMPS. Efforts will be made to build this training program as an on-going course of the University of Maine's Continuing Education Division.

RMPS/GRB/3/12/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

MAINE'S REGIONAL MEDICAL PROGRAM
RM 00054 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

Year	Request	Committee Recommendation
03	$27,896	$27,896

CRITIQUE: The favorable reports of the October 1970 site team and the January/February 1971 Review Committee and Council regarding the accomplishments and future potential of Maine's Regional Medical Program were recalled by the reviewers of Project #20 - Family Nurse Associate Training Proposal. It was agreed that this supplemental application for Model Cities earmarked funds was related to the Region's first two priority areas: (1) experimenting with new methods for delivering health care to disadvantaged areas, and (2) developing new health manpower. The training of Family Nurse Associates was seen as the second step in Maine's nurse associate triad: complementary to existing RMP supported pediatric NA and future obstetrical NA programs.

Dr. Manu Chatterjee was not present during the discussion of this application.

GRB/RMPS
4/19/71

(A Privileged Communication)

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION

MISSISSIPPI REGIONAL MEDICAL PROGRAM
University of Mississippi Medical Center
2500 North State Street
Jackson, Mississippi 39216

RM 00057 5/71
April 1971 Review Committee

Program Coordinator: Theodore D. Lampton, M.D.

This Region is currently funded at $1,095,428 (d.c.) for its second operational year ending June 30, 1971. $320,241 of this amount represents unspent first-year funds reauthorized as carryover into the second year. The Region currently receives indirect costs of $375,958 which is 32% of the direct costs award. It submits an application that proposes:

(1) Developmental component for one year.
(2) The continuation of core and seven projects for one year.
(3) Three years additional funding for one project, CPR Training.
(4) Three-year funding for two new projects, in hypertension control and in renal diseases. The latter activity has been supported for an interim period through carryover funds.
(5) One-year funding for Phase I of a new project in Stroke Rehabilitation.

The Region requests $1,430,979 (direct costs) for its third operational year, $301,023 for continued funding of two new projects and one renewal project for the fourth year, and $301,189 for the fifth year. The breakout chart identifying the components for each of the three years follows.

The Region's triennial application is expected next year at this time, when a site visit is planned. The Region elected to request developmental funding and new project funds to take advantage of the planning ahead that has developed this year. The former coordinator has resigned to work full-time for the VA Hospital, but remains on the RAG. Dr. T.D. Lampton, who had been his associate, has been appointed as coordinator of the RMP. The former Dean of the University Medical Center, Dr. Robert Carter, also left the area in the past year, and has been replaced by Robert E. Blount, M.D., Acting Director and Acting Dean of the University of Mississippi Medical Center.

During staff review of the application, specifically the continuation portion, the following points were made that may be of special interest to Committee and Council in reviewing this application:

(1) The Regional Advisory Group seems to be more active in developing the direction and priorities for the Regional Medical Program. A roster of 14 new members, special orientation for new members, and a workshop retreat were factors contributing to the RAG's functioning.

(2) The Core Staff has been serving in a broader capacity than before. Project review and surveillance have taken a lesser portion of time than before. Staff has been involved in a variety of joint efforts to develop activities for funding from other agencies. The trend toward full-time positions and greater emphasis on sub-area development were considered strengths for the future of this program.

(3) Health manpower remains the Region's first priority, but the focus is widening from concentration on numbers and upgrading of skills to include consideration of distribution and more effective use of minority populations as health care providers.

(4) The funding request for new projects includes medical care costs, as well as training and consultation costs. This has been a recurring feature in this Region.

(5) The RAG has not taken a clear stand on phasing out RMP support. The request for three years of additional funding for the CPR project is a case in point. When this Region was originally site visited for operational status, the site visitors recommended two-year "non-renewable support" for the CPR Training project.

(6) Staff's general impression of the total activities of this Regional Medical Program is that the program has been instrumental in providing consultation, training and service from the University Medical Center to all parts of the State. The training has involved other educational institutions besides the University. Projects include integrated training, patient care and consultation.

FUNDING HISTORY

Grant Year	Period	Amount Funded
	Planning	
01	/1/67 - 6/30/68	$ 454,206
02	7/1/68 - 6/30/69	648,607
	Operational	
03	7/1/69 - 6/30/70	1,229,567
04	7/1/70 - 6/30/71	1,095,428

The Region has been advised that its funding level for the upcoming year must be held to $884,037 due to overall budgetary constraints.

REGION MISSISSIPPI
CYCLE RM 00057 5/71

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
CORE	$362,957				$ 362,957	$156,490	$ 519,447
#1R Stroke Care Demon.	131,094				131,094	56,928	188,022
#2R Demon. & Training in Pulmonary Disease	178,000				178,000	72,210	250,210
#3 - Postgraduate Institute	57,187				57,187	15,370	72,557
#5 - Cardiovascular Clinic	33,175				33,175	4,535	37,710
#6 - Coronary Care Unit	89,285				89,285	28,135	117,420
#10 - Radiation Therapy	45,422				45,422	16,565	61,987
#11 - Comp. Neurology Clinic	69,040				69,040	16,278	85,318
#16 - Stroke Rehabilitation				$ 42,505	42,505	-0-	42,505
#17 - Renal Disease Program				200,739	200,739	69,309	270,048
#18 - Hypertension Control				70,790	70,790	10,227	81,017
#8R - CPR Program		$53,267			53,267	-0-	53,267
DEVELOPMENTAL COMPONENT				97,518	97,518	-0-	97,518
TOTAL	$966,160	$53,267		$411,552	$1,430,979	$446,979	$1,877,026

REGION MISSISSIPPI
CYCLE RM 00057 5/71

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL

CORE	---						---
#1 R	---						---
#2 R	---						---
#3	---						---
#5	---						---
#6	---						---
#10	---						---
#11	---						---
#16				--- $184,143	$184,143	$71,046	$255,189
#17				74,410	74,410	11,450	85,860
#18					42,470	-0-	42,470
#8R		$42,470					---
DEVELOPMENTAL				---			
TOTAL		$42,470		$258,553	$301,023	$82,496	$383,519

MISSISSIPPI RMP

RM 00057 5/71

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
CORE							---	$ 362,957	$ 519,447
#1 R							---	131,094	188,022
#2 R							---	178,000	250,210
#3							---	57,187	57,187
#5							---	33,175	37,710
#6							---	89,285	117,420
#10							---	45,422	61,987
#11							---	69,040	85,318
#16							---	42,505	42,505
#17				$190,354	$190,354	$75,476	$265,830	575,236	791,067
#18				77,515	77,515	12,193	89,708	222,715	256,585
#8R		$33,320			33,320	-0-	33,320	129,057	129,057
DEVEL.							---	97,518	97,518
TOTAL		$33,320		$267,869	$301,189	$87,669	$388,858	$2,033,191	$2,399,093

RM 00057 5/71

GEOGRAPHY AND DEMOGRAPHY

Mississippi Regional Medical Program encompasses the State of Mississippi. Mississippi is rural in nature and rather sparsely populated with its capitol, Jackson, as the axis. Responsibility for the northern tier of counties is shared with the Memphis Regional Medical Program; according to the RAG report, that part of the State attaches itself either to Tennessee or Mississippi, whichever appears to its advantage; the two RMPs and staffs work together well.

The Regional Medical Program relates program development to the Comprehensive Health Planning and Economic Development districts where possible, but RMP activities are not bound by these areas if others seem more appropriate.

Mississippi's health, education, and economic plight is a matter of public record. It is down at the bottom of the list in the ratio of physicians to population. According to the 1968 analysis of all health indicaters, only one Mississippi county is on equal footing with the top half of the nation; 62 of the 82 counties fall into the lowest one-sixth of all counties in the United States in health status.

Few resources are at hand to correct this deficit. The State is 62% rural. The average per capita income is less than $1,800 per year; almost half the families have annual incomes under $3,000. Of the families in the bare subsistence category, about 53% are nonwhite and 43% are white. The illiteracy rate is about 5% double the national average with an average of less than nine years of schooling reported by Mississippi adults.

REGIONAL DEVELOPMENT

In November 1965 the Mississippi Heart Association invited representatives of health and civic organizations collectively to consider the potential for Mississippi of the newly enacted legislation setting up the Regional Medical Programs. Dr. Robert Q. Marston, then the Vice-Chancellor of the University of Mississippi, Congressman G.V. Montgomery, then President of the Mississippi Heart Association, and Dr. Warren N. Bell, then President of the Mississippi Division of the American Cancer Society, were asked to serve as an ad hoc committee to develop a planning group. The Mississippi Heart Association, the Mississippi Division of the American Cancer Society, the University Medical Center, and the State Board of Health each contributed $2,000 toward the cost of planning activities. Concurrently, Dr. Marston appointed an ad hoc committee categorical study groups to pool their knowledge in heart disease, cancer and stroke as a resource for the overall planning group. In September 1966, Dr. Guy Campbell, Chief of the Pulmonary Disease Section at the VA Hospital, was employed as a half-time coordinator for the proposed Mississippi Regional Medical Program. From November through December 1966, the ad hoc study groups furnished the planners a broad assessment of the level amount, site of pertinent facilitie

and competencies. An 18 member Regional Advisory Group was designated, including 8 from Jackson, and 10 from the rest of the State. In December 1966, the RAG considered an initial draft of the Regional planning grant application which was later submitted to DRMP. After a site visit was made and consultation was provided from the Division of Regional Medical Programs, the application was revised and resubmitted in April 1967. Funding began for the Mississippi Regional Medical Program on July 1, 1967, with the University of Mississippi Medical Center as the fiscal agent. During the planning period, the Region also received funds for two feasibility studies from earmarked funds: to set up a demonstration stroke unit and a training program in chronic pulmonary diseases. Another project for hypertension control in the rural Delta County was also submitted, but not approved.

The operational program application was submitted in March 1969. The Region was site visited in May 1969 and the Region was awarded operational funds on July 1, 1969.

ORGANIZATION STRUCTURE AND PROCESSES

The RAG now consists of 36 members, 17 of whom are new members. The geographic representation in the RAG is statewide. Eight of the members can be identified as minority representatives. The RAG consists of representatives of a variety of state organizations including Comprehensive Health Planning, Medicaid, the presidents of the Mississippi College, Jackson State College, and Alcorn College, a faculty member from Alcorn, the Dean of the School of Nursing from the University of Southern Mississippi, the Acting Dean of the Medical Center and the Director of the University Hospital.

The RAG has concentrated this past year in developing a plan of action for the future. Formerly, consumer members on the RAG were not involved in the program and the core staff has made a deliberate attempt to increase their commitment through better orientation. In addition, a retreat was held with the RAG staff and the Planning Committee to develop clear objectives and priorities.

The Planning Committee is, and has been, a key group in the organization of this Regional Medical Program. Consisting of 15 elected members from the Heart, Cancer, Stroke, Continuing Education and Hospital Liaison Committees, it represents the peer review structure in the Region. Eleven of the 15 members are from Jackson, 9 are from the University itself. Since the initial categorical committees were appointed by Dr. Marston, these committees have played an important role in the Regional development.

The review process is under study in an attempt to streamline it. Briefly, the steps now involved are: the idea is developed by a proposer, the coordinator considers it, the categorical coordinators provide consultation and help, staff reviews it, a categorical committee reviews it with help from paid consultants, if necessary. Then, it goes to the Planning Committee which looks at its relevance to the program and assigns a

priority. Finally, it goes to the RAG which studies it from the standpoint of relevance to overall goals and priorities of the program.

The evaluation of the ongoing activities and the program as a whole is also under study, with the Planning Committee taking a major role. The progress reports from the project directors are studied by staff with help from a new consultant in evaluation. Any problem areas are worked out by the staff and the categorical committees. The RAG does not appear to have a major role in evaluation at the present time.

OBJECTIVES AND PRIORITIES

The objectives most recently defined by the RAG at its workshop retreat in December are as follows:

(1) To alleviate the health manpower shortage. (This has always been the number one priority for this RMP.)

(2) To encourage improved designs for systems for health care delivery in Mississippi.

(3) To provide continuing education for the health team.

(4) To stimulate public education regarding concepts and resources.

The priorities to be exercised in meeting these objectives include: a) incorporating minority groups in the health manpower pool, as possible; b) to make the health care delivery system receptive to the Region's necessitous citizens; c) to shift the focus of emphasis to responsible action on the local community while still maintaining regional training and consultation services as resources for local health care providers; d) to reach the functionally illiterate and stimulate an informed interest in health matters; and e) to encourage emphasis on quality, equity, efficiency, and economy in the delivery of health care.

PRESENT APPLICATION

Developmental Component — First Year - $97,518

The Region requests $97,518 for one year for the Developmental Component. The plans are to use developmental funds for the following purposes: 1) initiate support for relevant activity when delay would be detrimental to optimal impact; 2) to deal with unforeseen problems in program implementation; 3) to enhance the effectiveness of ongoing projects by filling the gap between them; 4) to take advantage of special skills, personnel or opportunities if they become available; 5) to participate in appropriate federally-supported and other programs as they become available; 6) to test the feasibility of new program activity or concepts by the use of the small-scale pilot projects. Developmental component funds are conceived as a tool to grasp unique opportunities not subject to nor bound by technical restrictions applicable to formal operational

projects. They will not be used to enlarge or extend the core staff. Any proposed activity must be consistent with the objectives and priorities and there must be a substantial probability that the activity will produce information applicable to future programmatic decisions.

The application further states that the proposed developmental activity should be capable of activation with minimal delay, it should have an action component, and it should be capable of generating much more volunteer interest, involvement and participation than could be purchased on a total cost basis. The administrative procedures for allocation of developmental component funds will be initiated by the Planning Committee and approved by the RAG. The core staff will play an important role in perceiving opportunities and receiving requests for the most appropriate use of such funds and will provide the Planning Committee and the RAG with information, research and developmental services for their study. The RAG will have a developmental component study group for preliminary review of the developmental component proposals to enable the RAG prior study of the potential by their own group.

Core Activities Third Year - $362,957

Dr. T. D. Lampton, who came to the Mississippi Regional Medical Program as Heart, Stroke Coordinator in July 1968, became the Coordinator in January. The Staff has also been strengthened by the addition of an individual experienced and trained in personnel practices, Pat L. Gilliland, named Assistant Director for Program Coordination in January. At the beginning of this current year, the core staff numbered 11 full-time and six part-time personnel in all categories. Two medical students were also employed during the summer. Six budgeted professional and technical positions were unfilled. In January, the staff totaled 22 at all levels, 15 full-time and seven part-time. Only two budgeted professional and technical slots are now open. Of the six professional and technical staff who are less than full-time, one is shared with the stroke unit, one is a Jackson physician, one is self-employed and three are shared with the University Medical Center. The RAG indicates they like the trend toward full-time staff.

Analysis of the total core staff activities in the application indicates that most effort is directed toward: (a) project development and management and (b) professional consultation and community relations, each accounting for some 25% of the total. About 15% each goes to: (c) program administration and direction and (d) planning studies and inventories. While (e) feasibility studies and (f) miscellaneous activities are estimated to absorb 10% each of the total effort. Work with community, sub-regional and regional groups in development of cooperative arrangements will command greater porportions of staff effort in the coming year. By RAG direction, the field services will be expanded with the two field workers designated for this activity.

The application indicates that the core staff has related to a number of different agencies within the state. For example, the core staff

helped a local medical society centralize its health and welfare information service. It helped a group called "Operation Shoe String," a local non-profit organization which provides a variety of services in a transitional poor neighborhood seek new sources of funds. The State Medical Association is exploring with the core staff the possibility of developing a utilization and review manual for primary use with peer review committee functions through the medical association. The Mississippi Dietetic Association is requesting help with the development of a dietetic manual training program for food service supervisors in continuing education workshops for dieticians. A number of planning and feasibility studies are described in the application. The core staff has served as consultants for several joint efforts, including the health law compilation with Comprehensive Health Planning, a hospital management study with the Mississippi Hospital Association and the Mississippi State University, and a survey of Lafayette County health needs with the Memphis Regional Medical Program. The University of Mississippi, the Mississippi State University, the University of Southern Mississippi, the Mississippi Research and Development Center, and core are cooperating in conducting studies in manpower development. Hines Junior College helped to structure clinical training aspects of three RMP established training programs for allied health professions.

A general impression from the core progress report is that the limited resources in Mississippi contribute to cooperation among the various professional staffs. Vocational Rehabilitation, Comprehensive Health Planning, the State Board of Health, universities and other educational institutions are involved in RMP. The core staff has also been instrumental in developing a grant application to the Appalachian Regional Commission for a 20 county area. In addition, the staff has been involved in developing a maternal and child health program aimed at reducing maternal and infant deaths in a rural five-county area, funded from five different sources.

ONGOING OPERATIONAL ACTIVITIES Third Year - $603,203

A study of elected funding characteristics of the operational activities supported by the Mississippi Regional Medical Program contrasted with funding characteristics of all Regional Medical Program projects points out a revealing profile for Mississippi.

	Mississippi	All Regions
Sponsoring Agency		
Medical School	77%	41%
Public health agencies	16%	5%
Training for Health Professions		
Separate programs for MD's, RN's or MP's and RN's	23%	47%
Other combination, including Allied Health, LPN's, etc.	77%	35%

	Mississippi	All Regions
Activities Toward Target Populations		
Poor	43%	15%
Not applicable	57%	85%
Categorical Impact		
Heart	28%	24%
Cancer	7%	12%
Stroke	29%	13%
Pulmonary	27%	7%
Multicategorical	9%	38%
Health Care Impact		
Diagnosis & Therapeutic	73%	34%

The tie-in of the leading institutions and the combination of training and consultation service to target populations indicate that this Region is reaching an impressive number of communities and patients not previously served.

For example, the stroke unit not only provides care to patients that was simply unavailable before, the RMP staff provides consultation to physicians and patients through a neurology project and cardiovascular clinics planned by the State Board of Health. The Coronary Care Training project involves the University Medical Center, the VA Hospital as clinical training centers; in the first course, eight nurses from five communities, in the second - 15 nurses from 6 communities, and in the third - 11 from 7 communities have been trained. The radiation therapy project serves 51 new patients a month, compared with about 36 before the RMP support began. Family physicians have been trained, radiologists have been provided regular dosimetry service at the VA Hospital, Mississippi Baptist Hospital, and the Howard Memorial Hospital at Biloxi. The radiation therapist has provided consultation to physicians in eight different communities. The radiation physicist has provided help to nine hospitals in seven communities. New treatment centers at Oxford, Tupelo and Meridian, Mississippi are being established. Forty-two neurology clinics in 14 different locations have provided consultation and patient service. Through the social worker at the University, patients have received referral service to welfare, Crippled Children's Society, Vocational Rehabilitation, Mental Health and special education courses. The CPR project sponsored by the Heart Association has held 220 courses; 66 hospitals are participating. Faculty instructors have been increased from about 20 to 139. Seventy-eight hospitals now have CPR committees and 37 have code-blue procedures.

NEW OPERATIONAL PROPOSALS — First Year Request

#16 - Statewide Community Stroke Rehabilitation Program — $42,505

This is a proposal sponsored by the Mississippi Heart Association to plan the development of model stroke centers

in each of the health care sheds of Mississippi, to serve the diagnostic, treatment and rehabilitation needs of patients in the surrounding areas. Funds are now requested only for Phase I of the project to concentrate on developing a protocol for optimum care of stroke patients, to recruit volunteer physicians, nurses and physical therapists for team training at the MRMP Stroke Unit as a prelude to the organization of the community stroke centers. During Phase I, community interest and involvement will be enlisted to aid in the development of the stroke units.

The CPR training plan will be used as the model for the project with its "each-one-teach-one" approach and community involvement as focal points. The proposal speaks of the neurology clinics now operating with MRMP funding, but its relation and comparative priority for the Regional Medical Program is not clearly stated. Three additional years of funding are anticipated for Phase II of the project, but the funding needs are not projected at this time. The Region anticipates putting in a request for the next three years at the time of its triennium application.

#17 - Renal Disease Program - A version of this proposal was included in the initial operational application from the MRMP. The site visit team learned that a chronic Hemodialysis Demonstration Program had been supported since 1966 and would receive partial support through 1970 through other Federal funds. (Kidney Disease Control Program, now part of RMPS has been instrumental in this support.) The site visitors' recommendations, supported subsequently by Committee and Council, were to provide partial RMP support for further planning and development of the training aspects of the program. The July 1970 Advisory Council reviewed a revision of the original proposal and returned it for revision. The recommendation stated that the "returned for revision" was not to be construed as encouragement to submit a revision, that the concerns were related to the relation and expense of this activity as compared to other health priorities in the RMP. This particular proposal has been developed with assistance from the Kidney Disease Program Staff. To keep the unit viable during the time that the revised program was being developed, the Director, under the delegated authority, allowed the Region to utilize $47,347 in direct costs funds from carryover.

First Year Request
$200,739

This proposal thus represents a third attempt by the RMP to achieve stable support for its renal program during a period when Federal guidelines and priorities have been shifting. The proposal will be reviewed for its technical merits in relation to national guidelines by an ad hoc renal panel.

The proposal is divided into three parts:

I. Comprehensive Renal Training Program
II. Decentralized Home Dialysis Centers
III. Urinary Catheter Care

Earlier reviews pointed to the necessity for the Mississippi Regional Medical Program to plan its program focus in relation to resources available in nearby states, as well as within its own state. A unique feature of the earlier proposals cited by the reviewers, was related to the trailer dialysis training in communities.

The present proposal includes several trainee features which may be contrary to Council policy.

02 Year - $184,143 03 - $190,354

First Year Request $70,790

#18 - <u>Hypertension Control Demonstration</u> - This Region submitted a hypertension screening application for earmarked funds during its planning period. The proposal was located in Bolivar County and was disapproved, primarily because of its isolated development and apparent lack of commitment by the practicing physicians serving in the area.

The present project proposes to screen the population of Sharkey and Issaquena counties, two of the most rural, sparsely populated, low income counties in Mississippi in "an effort to determine the incidence of hypertension." Diagnosis, treatment and follow-up of hypertensive patients will be provided by the health department, the sponsoring agency, with assistance from the local medical personnel and the University Medical Center. A letter of agreement to serve as co-sponsor is included from one of the local physicians.

Aside from the objective of determining the feasibility of screening, the project's objectives include: 1) Demonstrating the ability of nursing and allied health personnel to conduct a screening program with minimum physician supervision; 2) Demonstrating that education about hypertension will increase knowledge of the public so they will seek care.

Initial screening will focus on "target" groups such as public recipients, especially the disabled and old age recipients. Bi-monthly diagnostic and evaluation clinics will be held utilizing staff and residents from the University Medical Center.

A screenee may elect to receive care from a private physician or the clinics mentioned above. Social service technicians will follow-up the private patients. For those utilizing clinic services, laboratory and drugs will be provided as needed. Mississippi's minimum medicaid benefits presage a large number of patients requiring drug therapy support through this project. There are no plans for phasing out this aspect of the program.

02 - $74,410 03 - $77,515

Third Year Request
$53,267

#8R - Cardiopulmonary Resuscitation Training - This is a request for three additional years for the Cardiopulmonary Resuscitation Training. When the site visit team visited the Region in its pre-operational phase, they found that this project was very important but recommended that the project be supported for two years only and be non-renewable. Since the project began, a number of training courses have been held and 66 hospitals are participating. The next three years of the project indicate that they will extend to all of the hospitals instruction for the hospital teams and in addition, the application states "there is a great need for training in ECPR to be made available to all ambulance personnel, rescue squads, civil defense, fire and police departments, Highway Patrol, National Guard, utility companies and employees of their high risk industries, life guards, school officials, Boy Scouts and community groups or organizations." This aspect of the training program is contrary to Council guidelines, which indicate that RMP support for CPR training activity should be confined to hospital-related personnel, including ambulance drivers. The proposal for the next three years does not speak to any specifics.

04 - $42,470 05 - $33,320

RMPS/GRB
3/24/71

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

MISSISSIPPI REGIONAL MEDICAL PROGRAM
RM 00057 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Approval at the current level with advice not to fund renewal of the CPR project. The recommendation does not include consideration of the renal disease project #17 which was reviewed simultaneously by a special RMPS Ad Hoc Study Panel. The panel recommended its approval with a site visit to negotiate a reduced budget.

Support requested by the Region and recommended by the Review Committee:

	Direct Costs	
Operational Years	Requested	Recommended
03	$1,430,979	$1,095,428
04	301,023	141,623*
05	301,189	-0-
TOTAL	$2,033,191	$1,237,051

* RMPS commitment for support of the stroke project in its third year.

CRITIQUE: The Review Committee noted that the MRMP is currently in its 2nd operational year funded at $1,095,428. The Region's first triennial application under the new anniversary review system, is expected at this same time next year, when a site visit will be conducted. Meanwhile the Region optioned to request a developmental component and support for new projects as part of planning that has developed this year.

The former associate coordinator is now full-time Coordinator. His predecessor resigned to work full time for the VA, but remains on the RAG. A change in the Dean of the University is also noted. Of special interest to Committee, were points raised by staff on review of the continuation application. Although the RAG has taken on a new member, and seems more active in developing program direction and priorities; they have not taken positive steps to phase out some current activities and move in new directions. Indicative of this is their request for renewal of the CPR project which has received support for two years, the limit recommended by the May 1969 site visitors. Although management techniques have not been fully developed, a fairly effective core staff has evolved and is ascending. Close working relationships are developing with appropriate statewide health agencies in the state

and there is an emphasis on sub-area development. Health manpower continues to be the Region's top priority and success has been achieved in generating University Medical Center assistance to all parts of the state, as well as involving other institutions of higher learning.

In light of the findings during past site visits, the Committee is well aware of the dearth of health care needs of Mississippi and the fact that it has only one medical school center located at Jackson. For this reason, as has been the case in previous reviews, the Committee was concerned about the type of activities presented for support with the limited available funds. In general, it is believed that the activities proposed are not new nor do they relate well with the stated objectives and priorities. Projects with continuation commitments probably merit continued support but the region should begin now to plan for appropriate phasing out RMP support. Although the Region needs some funds for germinating some new and worthwhile approaches, approval of a developmental component at this time is premature. The proposed new project on stroke rehabilitation relates to the ongoing stroke care project #1R which is slated for one more year of RMP support. The hypertension project does not relate to the coronary care project and it is believed that it will not provide epidemological data expected. The Committee also expressed concern about continuation of the latter after cessation of RMP support. The Committee believed the renal disease project has merit but is concerned about the Region's hesitation to invest its funds in more basic problem areas affecting more people. Some though that unless the Region has the capacity and/or resources, despite the renal program's excellence, it might impede the function of the Region in general.

In general, the Committee believed Mississippi is making some progress, but has awesome problems and limited resources. RAG and Core have not yet developed sufficient management and evaluation capabilities to warrant full support. The Committee believed that merely taking this action and sending back the word is not enough. Direct RMPS assistance is needed in Mississippi prior to their submission of the next application. This might be accomplished best by a "think session" with RMPS participation and/or a pre-site visit.

RMPS AD HOC KIDNEY DISEASE CRITIQUE: The panel thought this to be an excellent proposal, well documented, and describing an area of the country in need of assistance. It was, however, believed that the budget should be reduced from $270,048 to a range of $75,000-$100,000. The Panel recommended approval with a site visit to negotiate a reduced budget.

GRB/RMPS/4/26/71

MISSOURI SUMMARY

TABLE OF CONTENTS

	Page No.
General	1
Fiscal Information	2
Geography and Demography	6
Organizational Structure and Processes	6
Regional Development	7
Planning	7
Operational Program	7
Early Background	7
Computer and Bioengineering Program	8
Community-Based Programs, including Kansas City	9
Continuing Education Program	11
Regional Objectives	11
Application	13
Developmental Component	13
Core	14
Computer/Bioengineering Proposals	16
Community-Based Proposals	18
Continuing Education Proposals	22

(A Privileged Communication)

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION

Missouri Regional Medical Program
406 Turner Avenue - Lewis Hall
Columbia, Missouri 65201

RM 00009-05 5/71
April 1971 Review Committee

Program Coordinator: Arthur E. Rikli, M.D., M.P.H.

This Region is currently funded at $3,800,000 (direct costs) for its fourth operational year ending June 30, 1971. It submits a triennium application that requests:

I. A Developmental Component
II. An expanded core
III. The continuation of 11 ongoing activities
IV. The renewal of two activities
V. The activation of two Council approved but unfunded activities
VI. The implementation of 16 new activities
VII. The termination of 15 activities

The Region requests $5,061,962 for its fifth year of operation, $4,310,940 for its sixth year and $3,511,564 for its seventh year. A breakout chart identifying the components for each of the three years follows.

Several of the proposed new activities have previous review histories, which will be elaborated on later in the body of this summary.

A site visit is planned for this Region, and staff's preliminary review of the application has identified several issues for the site visit team's consideration.

Because of the complex nature of the Missouri program, the site visit has been divided into four parts dealing with: 1) the review, decision-making and administrative processes of the overall program (to be reviewed in Columbia, Missouri); 2) the continuing education program (Columbia); 3) the computer and bioengineering activities (Salem and Columbia); and 4) the development of the subregional program in Kansas City. The issues related to each of these components are discussed in detail in the summary and in a separate memo to the site visitors.

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funded
01	7/1/66 - 6/30/67	$ 332,130
02	7/1/67 - 3/31/68	255,936

Operation Program

Grant Year	Period	Funded
01	4/1/67 - 3/31/68	2,619,000
02	4/1/68 - 3/31/69	4,681,609 1/
03	4/1/69 - 6/30/70	5,678,568 1/ & 2/
04	7/1/70 - 6/30/71	3,800,000
05	Future Commitment for Core and 6 Projects	1,851,610
06	Future Commitment for Core and 5 Projects	1,707,075

1/ Includes a restriction of $240,343, which was placed in the 02 year, carried over to the 03 and never released to the Region.

2/ For a 15-month period.

REGION MISSOURI
CYCLE RM 00009 5/71

BREAKOUT OF REQUEST 05 PERIOD (Triennium)

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL COMPONENT				$ 400,000	$ 400,000	-0-	$ 400,000
CORE	$1,474,165				1,474,165	$ 356,788	1,830,953
#46 - Hi Blood	163,419				163,419	53,235	216,654
#50 - Stroke Prev. & Rehab.	87,653				87,653	23,918	111,571
#51 - ICU (Sikeston)	107,796				107,796	28,265	136,061
#52 - Health Careers Program	100,777				100,777	26,220	126,997
#55 - CAMEO	114,572				114,572	15,880	130,452
#58 - CV Educ. & Eval.	116,570				116,570	31,762	148,332
#36 - Cervical Cytology	82,566				82,566	13,380	95,946
#37 - Radioisotope Program	102,444				102,444	6,768	109,212
#38 - Home Health Aide Proj.	141,683				141,683	45,794	187,477
#39 - Phoncardioscan	37,218				37,218	7,900	45,118
#43 - Diabetes in Children	75,874				75,874	35,709	111,583
#62 - Drug Infor. Center			$32,589		32,589	11,870	44,459
#64 - Bioinstrumentation			46,834		46,834	11,794	58,628
#25R - Stroke ICU		$206,964			206,964	91,972	298,936
#67 - Health Ed. in Can. Hosp.				31,079	31,079	6,322	37,401
#68 - Prev. of CV Pulm. Prob.				67,148	67,148	37,287	104,435
#69 - Computer Diag. Aids				290,710	290,710	51,067	341,777
#26R - Nurse Trng-Arrhy. & Res.		58,405			58,405	14,167	72,572
#71 - APHAS Field Test				75,070	75,070	12,364	87,434
#72 - Auto. Phys. Assist.				153,537	153,537	18,302	171,829
#73 - Sub-Reg. Emerg. Serv.				38,888	38,888	10,168	49,056
#74 - Platelet Plasmapheresis				47,627	47,627	9,274	56,901
#75 - Biomedical Info. Serv.				342,428	342,428	74,914	417,342
#76 - Mobile Rehab. Service				93,276	93,276	25,327	118,603
#77 - Cardiac Care				184,651	184,651	36,481	221,132
#78 - COMPACT				53,440	53,440	13,502	66,942
#79 - Improvement of Pharmaceutical Services				73,990	73,990	20,335	94,325
#80 - Cameron Health Care				11,901	11,901	569	12,470
#81 - Branson Intensive Care				38,965	38,965	6,589	45,554
#82 - CE - Coordination				114,062	114,062	31,316	145,378
#83 - Green Hills Health Care				95,661	95,661	16,878	112,539
#70 - Unassigned							
TOTAL	$2,604,737	$265,369	$79,423	$2,112,433	$5,061,962	$1,146,117	$6,208,079

REGION MISSOURI
CYCLE RM 00009 5/71
(Triennium)

BREAKOUT OF REQUEST 06 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL				$ 400,000	$ 400,000		
CORE	$1,687,833				1,687,833	INDIRECT COSTS ARE NOT SPECIFIED	
#46	179,458				179,458		
#50	63,357				63,357		
#51	85,214				85,214		
#52	119,145				119,145		
#55	126,111				126,111		
#59	120,511				120,511		
#36	---				---		
#37	---				---		
#38	---				---		
#39	---				---		
#43	81,986				81,986		
#62			$36,984		36,984		
#64			47,708		47,708		
#25R		$52,272			52,272		
#67				33,836	33,836		
#68				67,095	67,095		
#69				178,822	178,822		
#26R		52,364			52,364		
#71				---	---		
#72				---	---		
#73				---	---		
#74				37,595	37,595		
#75				288,440	288,440		
#76				94,625	94,625		
#77				159,554	159,554		
#78				47,480	47,480		
#79				73,610	73,610		
#80				10,463	10,463		
#81				28,460	28,460		
#82				142,940	142,940		
#83				95,077	95,077		
#70 - Unassigned							
TOTAL	$2,463,615	$104,636	$84,692	$1,657,997	$4,310,940		

RM 00009 5/71

BREAKOUT OF REQUEST 07 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
DEVELOP.				$ 400,000	400,000			$ 1,200,000	ALL YEARS TOTALS ARE NOT SPECIFIED
CORE	$1,896,617				1,896,617	INDIRECT COSTS ARE NOT SPECIFIED		5,058,615	
#46	---				---			342,877	
#50	---				---			151,010	
#51	---				---			193,010	
#52	---				---			219,922	
#55	---				---			240,683	
#58	---				---			237,081	
#36	---				---			82,566	
#37	---				---			102,444	
#38	---				---			141,683	
#39	---				---			37,218	
#43	---				---			157,860	
#62			$39,165		39,165			108,738	
#64			50,259		50,259			144,801	
#25R		---			---			259,236	
#67				45,085	45,085			110,000	
#68				---	---			134,243	
#69				122,716	122,716			592,248	
#26R		$52,287			52,287			163,056	
#71				---	---			75,070	
#72				---	---			153,537	
#73				---	---			38,888	
#74				---	---			85,222	
#75				259,440	259,440			890,308	
#76				---	---			187,901	
#77				153,822	153,822			498,027	
#78				47,778	47,778			148,698	
#79				73,610	73,610			221,210	
#80				10,463	10,463			32,827	
#81				9,000	9,000			76,425	
#82				256,245	256,245			513,247	
#83				95,077	95,077			285,815	
#70 - Unassigned									
TOTAL	$1,896,617	$52,287	$[illegible],424	$1,473,236	$3,511,564			$12,884,466	

GRB 3/1/71

GEOGRAPHY AND DEMOGRAPHY The Missouri RMP boundary is roughly that of the State's, except for forty-two counties in the St. Louis area. The population of 2,849,594 occupies a land area of 69,138 square miles. The Region is 58% urban and roughly 93% white.

The Missouri RMP has established some relationships with the neighboring RMP's of Kansas, Bi-State, Iowa, Oklahoma, Arkansas and Memphis. Coordination of MRMP and KRMP activities in Kansas City is effected through a CHP b Council in Kansas City. A working relationship has also been established with the Memphis RMP in southeast Missouri.

The MRMP includes two medical schools and two colleges of osteopathy: the University of Missouri Medical School in Columbia with an enrollment of 412, the University of Missouri Medical School in Kansas City with a projected enrollment for its first class (Fall 1971) of 36, the Kirksville College of Osteopathy and the Kansas City College of Osteopathy.

The Region has 18 schools of nursing--four baccalaureate, six associate degree and eight diploma schools. There are also 13 medical technical schools including 11 baccalaureate and two diploma programs.

General hospitals (including osteopathic institutions) total 130 with 15,012 beds. There are also two Veterans Administration Hospitals with 728 beds. (The figures for all hospitals exclude extended-care facility beds).

Missouri is served by 2,414 practicing physicians (there are a total of 2,571 in the Region); 901 active doctors of osteopathy (total 959); 5,678 active RN's (total 8,518); 4,082 active LPN's (total 5,233); and a total of 31,864 other allied health personnel.

ORGANIZATIONAL STRUCTURE AND PROCESSES The Missouri RMP "Regional Advisory Group" is a three-part organization composed of a Regional Advisory Council, a Project Review Committee, and a Liaison Committee. The RAG as a whole is designed to establish overall policy and to review project proposals.

The RAC has 12 members appointed by the Governor from candiates recommended by the Project Review Committee. Robert E. Frank, Director of Barnes Hospital in St. Louis, has moved from membership on the RAG to the chairmanship, replacing retiring chairman, Nathan Stark. Other members include: 5 practicing physicians, 1 osteopath, 1 sociologist (Black), 1 State Senator, 1 State Representative, 1 attorney and 1 businessman.

The RAC provides overall guidance on policy, program planning, development and operation of MRMP. Based on recommendations and priorities of the other two RAG components and the local District Liaison Committees, the RAG sets its own priorities on projects and makes recommendations to the National Advisory Council.

The Project Review Committee has nine members who represent the four medical and osteopathic schools, and the directors of the Missouri divisions of Health, Mental Health and Welfare. This Committee assesses project proposals and other policy matters on merit, establishes priority ratings and forwards these with its recommendations to the RAG. It also recommends candidates to the Governor for RAG membership.

The Liaison Committee consists of representatives from 23 voluntary and professional health agencies. This Committee provides recommendations to the RAG on project value and their relevance to the represented agencies, besides serving as a two-way communications link between agencies and the MRMP.

In addition to the three RAG components, there are District Liaison Committees presently in three of the six MRMP areas - Kansas City, Southwest and Southeast, and similar committees are being planned for the other areas.

Each committee is responsible for providing recommendations regarding local need for projects proposed from its own district and impact on other areas, as well as for developing its own district policy. The Greater Kansas City Liaison Committee has been replaced by a group nominated by the local CHP "B" agency--an arrangement also being considered by other districts.

REGIONAL DEVELOPMENT

I. Planning - Planning began in Missouri in April 1966 with the submission of a planning grant application by the Program Coordinator, Dr. Vernon Wilson, The reviewers of the application commented that: 1) planning for and representation of the St. Louis area on the RAG seemed weak (the Bi-State RMP later encompassed this area); 2) the program was vaguely defined; and 3) the apparent emphasis on community service was most impressive, although not well-budgeted for. The award was made in June 1966.

II. Operational Program

A. Early Background - In October 1966, the Region submitted an application for three operational pilot projects, which was deferred for a site visit. At the same time DRMP suggested to the Region that a more comprehensive operational grant application be prepared, with the possibility of the MRMP becoming one of a few "model programs." The Region explained at a site visit in 1969 that Dr. Wilson gathered together several members of the University faculty interested in RMP and spent "forty days in a DC-3" with them traveling around the United States looking at possible types of innovative projects to develop. The Region then submitted an application containing 20 additional projects, three of which were community programs, three population and data studies and the rest computer and bioengineering activities. Submitted at a time when the RMP budget for 1970-71 was projected for $200 million, the intention of these latter proposals was to use the computer and bioengineering resources at the University to develop and deliver diagnostic and therapeutic assistance to practicing physicians isolated from the medical center. The Region was site visited in November 1966 with a favorable report, and the Region became one of the

first RMP's to become operational when the award was made in April 1967, at a level considerably below that requested. Three conditions were placed on the award: 1) the RAG add minority group representatives; 2) more attention be given to the urban ghetto areas; and 3) more emphasis be placed on cancer programs. During this same year two supplemental applications for project support were submitted: Project #19 - Automated EKG in a Rural Area, was approved and a proposed stroke center at Kansas City General Hospital was disapproved.

At the beginning of the second planning year (July 1967), another site visit was held to look at several supplemental project requests. The visitors were impressed with the concept of regionalization and the Region's intention to phase-out RMP support after three years of funding. In October 1968 Dr. Arthur Rikli replaced Dr. Vernon Wilson as Coordinator.

At this point in its history, the program seemed to reviewers to separate into decided program areas.

A. Computer and Bioengineering Activities Eight projects were funded in this area: multiphasic screening, mass screening - radiology, automated patient history acquisition system, data evaluation and computer simulation, computer fact bank, operations research and systems design, bioengineering and automated EKG for rural areas. Both DRMP and MRMP realized that these were developmental activities, but both hoped that after three years, they would be able to make definite contributions to the delivery of health care. At that time of the second year's continuation review of the original projects, the Region submitted a request for $860,000 more than the committed level, to expand computer and bioengineering activities as originally planned. A restriction of $240,483 primarily for A and R, which involved computer facilities, was placed on the award, and a technical site visit was recommended. Although the Fall 1968 visit was only for one day, reports of progress on the individual activities were discouraging. Within the next few months, the Region proposed support in their third operational year for a clinical core resource which involved approximately $800,000 for staff in the computer/bioengineering projects in addition to the ongoing projects in this area. As a result of the critical site visit comments and the uncertainty about the concept of clinical core, Council recommended that these activities be reviewed in depth during a site visit that year.

In October 1969, a major site visit was held which included three peer reviewers with expertise in computers who spent two days assessing the activities. As a result of the site visitors' conclusion that none of the activities had yet demonstrated success in improving the delivery of health care or in enhancing regional, cooperative arrangements, Council in March 1970 recommended that the Region reduce its expenditures for these activities and then phase-out RMP support completely by June 30, 1971.

The project was awarded approximately $1. million for its fourth and final year of operation in order to combine the former eight parts, to make the

system compatible, and to field-test the module in one physician's office in Salem, Missouri.

At the time of staff review of the last application from Missouri in July 1970, RMP staff requested additional information about the Advanced Technology Proposal. The Region's replies raised concerns which related to: 1) the liklihood that the components would be completed, made compatible and fully operational in the private physician's office in Salem in sufficient time to test enough patients to obtain meaningful results within the project time period; 2) the coordination necessary to cohese so many different elements; 3) the detail and comprehensiveness in workscope timetables and planning needed to bring the divergent subprojects together in an orderly and coordinated manner. The Director, RMPS, recommended that the Region call in outside experts in systems design and computers, epidemiology and clinical medicine to review, monitor and make suggestions for appropriate changes in order that the project would be completed by June 30, 1971.

A site visit including Dr. John Hirschboeck, Wisconsin RMP Coordinator and a member of the October 1969 site visit team; Dr. Morris F. Collins, Director Medical Methods Research, Permanente Medical Group and Dr. Martin D. Keller, Department of Preventive Medicine, Ohio State University, was held by the Region to the Salem operation in January 1971. The report, a copy of which has been forwarded to RMPS, is enthusiastic about the results.

The Region's proposal for continuing these activities is discussed on pages 16-18 in the summary.

B. Community-Based Programs

MRMP's early efforts in developing community-based programs were in Smithville and Springfield. Smithville in northwest Missouri evolved and was praised by national reviewers as a model for small communities in developing total care facilities, including continuing education opportunities, which have become self-supporting and cost-efficient. The Smithville project began in April 1967 and terminated after three years of support. The Springfield Cardiovascular Program in southwest Missouri was an early effort in building linkages to rural practitioners. The project, which was expanded and reviewed as Project #58 in 1970, appeared to site visitors to be an effective instrument for subregionalization of health services and education.

There were other early subregional efforts such as a Comprehensive Cardiovascular Care project at Kansas City General (#27), a stroke pilot project at the Kirksville Clinic of Osteopathy and Surgery (#28), a regional program in rheumatic fever prevention using a detail man (#32), and a radioisotope cancer program in Cape Girardeau (#37).

In the Region's third operational year (1969-70) the subregional projects began to experience some difficulty during their review at the national

level, which had profound repercussions in the Region. At a time when the computer and bioengineering activities were being funded at a $2,4 million level, the disapproval in two review cycles of an intensive care program in Sikeston, a stroke program in Joplin, a coronary care unit in Osceola, and a comprehensive rehabilitation program in Lebanon, inadvertently conveyed a false impression to the Region of the national reviewers' wishes concerning the future emphasis of the Program. While each project was viewed individually and returned for substantive technical reasons, the cumulative effect on the Program of these individual actions was unfortunate.

The site visitors in October 1969 heard repeatedly about the Sikeston community. After a study of the site visit findings concerning the discouraging results of the computer bioengineering investment and the lack of emphasis on community-based programs, Council in December 1969 recommended that the Region revise and resubmit these community-based projects during the next review cycles. In the February-March 1970 review cycle, Council did approve the resubmissions from Joplin (#50) and Sikeston (#51) and a renewal of the Springfield effort (#58).

The Region's community-based requests since then have not fared so well. The Region submitted a comprehensive health care system proposal for the Cameron community in northwest Missouri (#60), an intensive care and rehabilitation project in Branson in southwest Missouri (#61), and a comprehensive health care system proposal for eleven hospitals in the Green Hills area (#65). While Council recognized the earlier advice to the Region to encourage community development, it was concerned with the types of support requested by the Region in each project. Items such as equipment, staffing for provision of services and a communications system for centralized cost accounting, reviewers felt should be underwritten by the hospitals and not by RMP. In addition, weaknesses in documenting need, describing what would be done and how it would be evaluated indicated the need for more assistance from the MRMP Core staff. The Region's revised submissions of these proposals are summarized in pages 20-21 of this summary. Descriptions of new activities in this area are on pages 18-20 of this summary.

Until the last year there was little evidence of RMP activity in Kansas City, other than the cardiovascular project at Kansas City General (#27). The October 1969 site visitors found that the Core office was not staffed, and the Kansas City Liaison Committee had become inactive. However, with the development of a new medical school in Kansas City and the proposed involvement in the Wayne Miner Neighborhood Health Center through the Hi-Blood project (#46), prospects looked favorable. During the past eighteen months, the Kansas City Core office has been staffed and the CHP b Council now serves as the liaison committee for MRMP and KRMP in Kansas City. A Core supplement was disapproved by the November 1970 National Advisory Council because the proposed activities were too diffuse and did not appear to be correlated with the rest of the MRMP. This application again proposes supplemental core funds for Kansas City and two projects, #78 and #79 described on page 23 of this summary.

D. Continuing Education and Training

The third major aspect of the Missouri program has been continuing education. While not designated as such, many projects had continuing education or training as a major feature. There seemed to reviewers and site visitors to the Missouri program to be two concurrent and separate trends in this area developing in the Region. One was the excellent efforts fostered by individual project directors independently of the University in projects such as Smithville, Springfield, and Cape Girardeau. The other was the University-connected activities, such as the stroke ICU and cardiac ICU training proposals at the medical school (#25 and #26) and the telecture series, which linked community hospitals throughout the Region with the medical school by two-way radio (#33). This side of MRMP's continuing education program seemed to be supporting continuing education competence within the medical school without building any visibility for RMP.

A Core-Continuing Education resource based at the medical school was submitted by MRMP in mid 1969. Its lengthy review history is described on page 23 of the summary, but its difficulties in gaining approval may be attributed partly to its emphasis on developing an institutional organization to provide continuing education rather than developing programs which would focus on improving patient care. Other factors, including the size of the request, are discussed as background to the revision in this application. Other proposals denoted by the Region as primarily continuing education are included in this section.

In conclusion, this Region is at a critical point in its history. Over a year has elapsed since the major program site visit and the Review Committee and Council review which made substantive recommendations about the direction of the program. The Region is now preposing a three-year plan which is an outgrowth of its total experience since 1967. The regional objectives and the three-year plan to address these objectives follow.

Regional Goals

The Missouri RMP has developed the following program goals:

1. Through cooperative arrangements to accelerate health and medical innovations and demonstrations.

2. To develop a balanced program of problem-and-patient-care oriented continuing education for health professionals.

3. To develop a relevant data base and the data handling capability to permit effective project and program evaluation.

4. To stimulate the prevention and early detection of heart disease, stroke, cancer and related diseases.

5. To stimulate lay health education - information programs, emphasizing prevention and early detection of diseases.

6. To strengthen the diagnostic and treatment capabilities of the region with respect to HSC & RD..

7. To expand and strengthen long-term care, rehabilitation and home care for HSC & RD.

8. To develop a comprehensive health services project in each of the six subregions.

9. To facilitate health manpower recruitment, thus helping the physician make optimum use of his knowledge and skills.

10. To achieve close coordination with other health and health-related programs.

11. To co-sponsor activities and programs with neighboring Regional Medical Programs.

PRESENT APPLICATION

Developmental Component

First Year	Second Year	Third Year
$400,000	$400,000	$400,000

The Missouri RMP states that its developmental component activity is expected to have two benefits: greater responsiveness of the MRMP's objectives to changing regional needs, and increased effectiveness of the MRMP program in achieving these objectives.

Proposed developmental activities include:

1. Providing opportunities for a wider variety of professional and lay input into the Region's decision-making bodies in regard to reshaping objectives.

The Region might provide part-time support and secretarial service for one member each from the law school, an allied health profession, or a minority group, who would study RMP legislation and the health care system from their vantage point, recommending fresh approaches. This might lead either to revamping of objectives or to proposal development.

2. Selectively supporting the development of proposals which specifically address regional objectives.

Developmental component funds might be used to encourage development of the most relevant projects proposed to the Region by letter of intent each year. Support would include part-time support of the project director, support for a research associate, secretarial help, evaluation consultation, and for activity required to obtain co-operation and coordination in the project area.

3. Funding surveys and feasibility studies to ensure development of proposals which would be more effective in reaching program objectives.

Developmental funds might support both the studies which would validate the assumptions usually made about expected benefits of proposed activities, as well as the data-gathering activities necessary for developing and evaluating a proposal being written or considered.

4. Funding activities which would themselves lead to achievement of Regional objectives.

This would allow greater flexibility in the Region program. The developmental component could provide total support for short-term projects of limited scope, as well as partial or complete support of projects awaiting RMPS approval should the RAC consider earlier funding necessary.

Administrative Procedures for Allocating Developmental Component Funds

The Developmental component will be managed primarily by core staff. Requests will be submitted for approval to the RAC, and funds awarded and managed by the regular administrative support system.

CORE

Fifth Year:
$1,474,165

The Core of the MRMP has been organized into three offices:

1. The Office of the Coordinator, which provides administrative support and professional consultation in electronic data processing, fiscal affairs, information and management. An Associate Director for Continuing Education, who will be responsible for all continuing education activities in projects and in the district offices, will be added to the Office of the Coordinator.

Fifth Year Request
$647,795

2. The Office of Operations, which is primarily responsible for program implementation and evaluation. When projects have been funded, the Office coordinates and monitors the progress of ongoing projects through in-house site visits in the next-to-the-last year of the projects, district project directors meetings, and project directors meetings via the telelecture network (not yet initiated). This Office also requires quarterly progress reports. In order to help regionalize some of the results of the bioengineering projects, the "detail man" of the MRMP-funded rheumatic heart disease project has been added to the operations staff. Consultants are made available to project directors in the areas of communications, continuing education, medical and scientific affairs, hospital and allied health affairs, computer science and evaluation.

Fifth Year Request
$181,981

3. The Office of Planning, which develops an overall MRMP plan and major disease category plans to be implemented through projects. This Office works with people developing proposals and staffs the meetings of the MRMP Advisory Council, Project Review Committee, Liaison Committee and Subregional Liaison Committee. The Program Methodology Unit, formerly funded as a project and with expertise in epidemiology, statistics and data processing, is incorporated into the Planning Office. It provides various data for project purposes and for the RMP's planning purposes by utilizing existing sources of data and occasionally collecting its own. Evaluation is also the responsibility of the Planning Office.

Although presently placed within the Planning Office, it appears from the organizational chart on page 51 that the district offices will be made

directly responsible to the Coordinator. District consultants have been chosen for each of the districts (Kansas City, Northwest, Northeast, Southeast, Southwest and Central). District offices in addition to the Kansas City office will be developed over the next three years.

Fifth Year Request
$458,113

The Kansas City Area Planning Office provides planning activities for the five-county areas of Jackson, Clay, Platte, Ray and Cass Counties in support of MRMP activities. Its staff includes a Planning Director, Assistant Directors in communications, community services, allied health and professional relations. Activities of the Kansas City Area Office (described in pages 164-175 of the application) include efforts in planning physician's assistants program, restructuring nursing curriculum at the junior college level, developing career ladders for L.P.N.'s and studying the feasibility of a two-way medical TV network.

Fifth Year Request
$186,276

Coordination and some overlap of membership is planned between the MRMP area committees and CHP (b) councils. The experience of the University Extension Division, which has offices throughout the state, will also be used in developing public education programs at the subregional level.

The MRMP Core has also been administering the state's $200,000 appropriation for hemodialysis and is presently involved in developing a multi-regional renal disease program with the Kansas and Bi-State RMPs.

The total number of positions requested is 80 (71.5 F.T.E.); of these 80 positions, 58 are presently filled.

Sixth Year	Seventh Year
$1,687,833	$1,896,617

Descriptions of these terminating Program Guidance Projects can be found in the application following the core section.

#2 - Communications Research Unit
#13 - Population Study Group Surveys
#14 - Automated Hospital Patient Survey

Projects

The Region has organized the discussion of their projects into various subject areas in their application. In describing the proposed activities in the summary, Staff has changed the Region's arrangement somewhat, in order to better align the project discussion with the background

material. The three major sections are: Computer and Bioengineering Projects, Community Service Projects and Continuing Education Projects.

Computer and Bioengineering Projects

While the Advanced Technology Project and its eight components (Multiphasic Testing, Mass Screening Radiology, Automated Patient History Acquisition System, Data Evaluation and Computer Simulation System, Computer Fact Bank, Operations Research and Systems Design, Biomedical Engineering and Automated EKG in a Rural Area) are terminating as such, the work begun during the past four years will be continued in the following five projects:

Project #64 - Bioinstrumentation	Requested First Year $46,834

This project was previously approved by Council but has not yet been funded. It was developed as a result of one of the recommendations of the October 1969 site visit report which urged that the medical instrumentation services of the biomedical engineer in the Biomedical Engineering Project be made more widely available to hospitals throughout the Region.

The project would help regional hospitals optimize their utilization of patient monitoring instrumentation by:

1) Giving engineering counsel in ICU-CCU design and in the selection of biomedical patient care instrumentation, thereby assuring patient protection against accidental electrocution;

2) Providing specialized instruction for engineers and technicians in routine maintenance procedures, recognition of substandard operation and safety practices; and

3) Conducting seminars on request within regional institutions to instruct medical and paramedical members in techniques for optimum utilization of their patient care instrumentation.

Second Year	Third Year
$47,708	$50,259

Project #69 - Computer Processed Diagnostic Aids in a Rural Area	Requested First Year $290,710

This proposal is an extension and field testing of the automated electrocardiogram with the addition of new diagnostic aids, including artificial pacemaker analysis, cardiac arrhythmia analysis, exercise ECG analysis of lung function by spirogram and screening analysis of the phoncardiogram. The project plans for 38 stations and 50,000 ECG's per year. A special aim would be to provide aid to the smallest medical

facilities - community hospitals under 100 beds, group practicies and solo practitioners - at a reasonable cost. The proposal also offers training for medical and electronic service personnel.

Second Year	Third Year
$178,882	$122,716

Project #71 - Automated Patient History Acquisition System Field Test

Requested First Year
$75,070

The purpose of this proposal is to field test this approach to acquiring a medical history in the offices of a three-man internal medicine group practice in Cape Girardeau. The APHAS program has designed the questionnaire in layman's language with anatomical sketches and cartoon characters and a computer program to present these questions on the computer terminal. When the patient finishes the questionnaire (usually in 45 minutes), the computer prints out a summary of the patient's responses to the questionnaire as well as the positive responses to symptoms of diseases for the anatomical area troubling them. Some preliminary evaluation has been done of the patient's responses.

Project #72 - Automated Physician's Assistant

Requested First Year
$153,537

The project would attempt to determine the effectiveness of a computer-related system of medical tests designed to function as a "physician's assistant." The total package would consist of the APHAS questionnaire, an EKG, 12 blood chemistries, blood pressure, height, weight, eye test, hearing test, chest X-ray, spirometry, tonometry, Achilles tendon reflex and a phonocardioscan. A prototype of this system which is presently installed in a physician's office in Salem, Missouri, is funded until June 30, 1971. Further support is requested to test the effectiveness of each of the components and permit further evaluation of the system by the physician and his patients.

Project #75 - Biomedical Information Service

Requested First Year
$342,428

Formerly known as the Computer Fact Bank, the Biomedical Information Service proposes to tie together library activities and systems for information coordination and transmission. While the present system has developed a system of storage and retrieval of biomedical information with ten operating outlets in the Region, the BMIS would utilize the 102 telective units, 15 teletypewriter units of the ECG project and 22 satellite Extension Health Information Centers to be developed.

The proposal hopes to increase smaller medical library utilization by: 1) holding workshops, in-service training and continuing education sessions for library staff personnel, hospital administrators and physicians; 2) arranging for interlibrary loans, information exchange and bibliographies and specific literature; and 3) provision of consultation services.

Second Year	Third Year
$288,440	$259,440

The MRMP Advisory Council has recommended that this proposal incorporate the services of the Health Sciences Libraries System and the Drug Information Central (#62).

Community Service Projects

The terminating project is:

#29 - N.E. Missouri Cooperative Stroke Pilot Project

Continuing Projects with Committed Support are:

#46 - Hi-Blood
#50 - Joplin Stroke Prevention
#51 - Sikeston Intensive Care Unit
#52 - Health Careers

Continuing Projects with no committed support (these proposals were originally approved but unfunded; however, the Region has elected to initiate them with carryover or by rebudgeting):

#36 - Missouri Cervical Cytology
#37 - S.E. Missouri Radioisotope
#38 - Homemaker Health Aide
#39 - Phonocardioscan
#43 - Diabetes in Children
#62 - Drug Information Central

New Projects

In these projects, the Region provides services either to several locations or for the entire region on a community basis as part of a plan to extend regional activities to the patient's bedside.

Projects #76 (Mobile Rehabilitation Service) and #77 (Cardiac Care Missouri) both relate to objectives: 1) cooperative arrangements; 2) continuing education; and 6) diagnostic and treatment capabilities. Project #76 also relates to objective 7 - rehabilitation and home care.

Project #68 (Cooperative Prevention for Cardiovascular Pulmonary Problems) includes not only objectives 1,2,6, and 7 but also objectives: 4) prevention and early detection; and 5) lay education.

Project #80 (Cameron Health Care) is related to 10 of the 11 Regional objectives and #81 (Branson Intensive Care) includes all 11 of the Region's objectives.

Project #25R- (Stroke Intensive Care) relates to Regional objectives: 2) continuing education; 6) diagnostic and treatment capabilities; and 8) development of community health services.

Project #68 - Cooperative Prevention for Cardiovascular Pulmonary Problems

This project would involve hospitals in the Kirksville area serving seven counties in Northeast Missouri. It is based on the Northeast Missouri Cooperative Stroke Project (#29) now terminated. Objectives of the new project are: 1) initiation of innovative continuing education programs for physicians and allied health personnel (coordinated with Columbia and Springfield graduate nursing courses) and a community education program emphasizing prevention; 2) development of a preventive and therapeutic activity center in collaboration with the Division of Health and Physical Education of the Northeast Missouri State College; and 3) establishment of progressive care and rehabilitative programs for cardiovascular-pulmonary patients as a part of the new expansion at the Kirksville Osteopathic Hospital.

First Year	Second Year
$67,148	$67,095

Project #73 - Regional Emergency Service Quantitative Upgrading (RESQU)

This is a planning effort, involving an eight-county rural area of Southwest Missouri, which would establish an organized ambulance service capable of getting patients to medical facilities in optimum condition. Upon successful implementation in these counties, the program would be expanded to the remaining 25 Southwest counties.

First Year	Second Year
$38,888	-0-

Project #74 - Platelet Plasmapheresis Program

This project will establish an efficient, full-time and ultimately self-sustaining plasmapheresis program in the southwest Missouri subregion. When implemented at St. John's Hospital in Springfield, the program could accommodate patients in any southwest hospital where platelet transfusions are done. Primary purpose of the project will be provision of compatible platelet infusion. Tissue type and histo-compatibility techniques would also be initiated along with this project.

First Year	Second year
$47,627	$37,595

Project #76 - Mobile Rehabilitation Service

This project would provide rehabilitation services, now unavailable to rural areas of southwest Missouri, by establishing a mobile service under the supervision of an orthopedic surgeon and in consultation with a

physiatrist. Two teams, each composed of a physical therapist and a nurse's aide (with part-time access to an occupational therapist), would provide 20 days of service each month to outlying hospitals and nursing homes.

First Year	Second Year
$93,276	$94,625

Project #77 - Cardiac Care Missouri

This project is designed to provide improved care to patients with acute cardiovascular illness through: assessment of present care and consultation on corrective measures; coordination of ongoing programs; education of providers, patients and their families; establishment and improvement of communication (such as tele-transmission of EKG's); and assistance in arranging continuing clinical consultation. The project structure will include a Missouri Heart Association "task force", providing assistance to any community or subregion in Missouri, and cardiovascular care committees in each participating hospital relating both to volunteer staff in each subregion and to an MHA Cardiovascular Care Committee of 12 local physicians. Initially, project activity would concentrate in southeast Missouri.

First Year	Second Year
$184,651	$159,554

Third Year
$153,822

Project #80 - Cameron Health Care

This is a revision of a previous submission which was disapproved because of weaknesses in evaluation and educational design and because it requested support for services which should be financed by the community. Based at the Cameron Community Hospital, this project is designed to upgrade, through physician education programs, the diagnostic and treatment capabilities in categorical diseases of 13 area private practitioners and to organize and train supportive medical personnel. The use of consultants from neighboring institutions should help reduce the isolation of the private practitioners. The project will also provide: appropriate patient care equipment from hospital funds, effective emergency care in ambulances, rehabilitation services, and trained personnel for follow-up care through a home health agency.

First Year	Second Year
$11,901	$10,463

Third Year
$10,463

Project #81 - Branson Intensive Care and Rehabilitation Project

This revised proposal was turned down originally primarily because it appeared to represent the interests of a single institution, rather than a truly regional effort.

This project is designed to provide immediate access to high quality, low-cost health care at the Skaggs Community Hospital, establishing cooperative arrangements with referral centers, with special emphasis on improving service to the large number of elderly disadvantaged and rural poor in the area. To do this, the project provides for both training and continuing education of nursing personnel technicians and Doctors of the hospital medical staff. Consultants will be drawn from St. John's Hospital, Springfield (intensive care) and the U.M. Department of Physical Medicine (rehabilitation). The project will include evaluation of post-treatment results compared to past results and results at other hospitals.

First Year	Second Year
$38,965	$28,460

Third Year
$9,000

Project #83 - Green Hills Cooperative Health Care Project

Disapproved by the November 1970 National Advisory Council because it also requested support for services and equipment which would ordinarily be underwritten by the hospitals, the project has been revised and resubmitted by the Region.

This project is designed to combine the resources of 11 cooperating hospitals in the 12-county Green Hills medical service area to ensure improved quality and quantity of health care, with efficient, economical use of resources and comprehensive care for the entire area.

This effort will require establishment of a communications network serving all 11 hospitals, and development of: techniques for continuing education of all medical personnel, adequate ambulance service, adequate coronary and stroke emergency care in all hospitals, an areawide inhalation therapy program, an areawide comprehensive rehabilitation service, and a home health agency for the area.

First Year	Second Year
$95,661	$95,077

Third Year
$95,077

Renewal Projects

Project #25 R - Stroke Intensive Care Unit

This project, located in a temporary unit at the UMMC, will continue to examine the effects of stroke intensive care nursing on mortality and morbidity of stroke patients. Presently, personnel in the temporary

unit have become efficient with the electronic equipment and are preparing for the opening of a new ICU. Nurses have already demonstrated ability to detect new or progressive neurological changes in the stroke patient. Of the 15 patients admitted to the ICU, twelve survivied; while of the 16 admitted as a control group to the regular care group, nine survived. Continued random admissions to the ICU and increased patient referrals will provide an opportunity to conclusively document these results.

Fourth Year	Fifth Year
$206,964	$52,272

Continuing Education Projects

The terminating projects are:

#27 - Programmed Comprehensive Cardiovascular Care
#33 - Continuing Education for the Health Professions (telelecture)

Continuing Projects with Committed Support are:

#55 - Cameo
#58 - Cardiovascular Education and Evaluation

New Projects

The new continuing education projects in this application include a variety of proposals which address themselves to in-service training, improvement of health care problems related to laboratory services and two regional approaches to the organization of continuing education.

Projects #79 (Improvement of Pharmaceutical Services) and #78 (COMPACT) are related to objectives: 1) cooperative arrangements and 2) continuing education. Project #70 (Training in Arrhythmia and Resuscitation) also relates to objective 2.

Project #67 (Health Education in Cancer Hospital) relates not only to objective 2 but includes aspects of: 9) health manpower; 6) diagnostic and treatment capabilities, and 7) rehabilitation and home care.

Project #67 - Health Education in A Cancer Hospital Setting

This project is a trial of comprehensive health education in a hospital setting, Ellis Fischel State Cancer Hospital in Columbia. This effort will include development, implementation and evaluation of education programs for patients and their families, all hospital employees, and the public. Within two years, concepts developed in this project will be shared with other facilities in the State through workshops and consultations.

First Year	Second Year
$31,079	$33,836

Third Year

Project #78 - Cooperative Ongoing Medical Health Participation and Continuing Teaching

This project will establish regular inter-hospital departmental meetings to upgrade educational programs in metropolitan Kansas City hospitals which will be utilized by the new medical school for clinical teaching. COMPACT would coordinate meetings of each specialty in conjunction with joint hospital departments so that multiple hospitals would be represented. A review, or coordinating, committee for each specialty or department would coordinate clinical review with a scientific session. Each department, then, would share in eight joint meetings annually, as well as in four administrative meetings at their respective hospitals.

First Year	Second Year
$53,440	$47,480

Third Year
$47,778

Project #79 - Improvement of Pharmaceutical Services - Rural Health Care Institutions

Sponsored by the University of Missouri (Kansas City) School of Pharmacy and Division of Continuing Education, this project will evaluate pharmaceutical services in hospitals and nursing homes - particularly in rural areas - to determine for each: current status of services, facilities available for such services, and local pharmacists available to provide proper services.

This information will be used to plan and implement needed improvements in each institution through a cooperative effort of project staff and institution personnel.

First Year	Second Year
$73,990	$73,610

Third Year
$73,610

Project #82 - Continuing Education - Coordination Project

First Year
$114,062

This proposal has had a lengthy review history. Originally submitted in mid-1969, it was deferred by Council for further consideration by the October 1969 site visitors, reviewed at the site visit, returned for revision by the December 1969 Council, resubmitted by the Region in mid-1970, and again disapproved by Council.

The substance of the cumulative criticism of this proposal related to: 1) the emphases on developing an organization rather than on designing programs geared to improving patient care; 2) lack of data used to identify needs; 3) lack of agreement among university, RMP and project representatives about the role of the extension agent; 4) the absence

of plans for coordination of the educational benefits from other MRMP activities, particularly community-based ones, with the proposed activities of this project; 5) lack of systemmatic evaluation; 6) the size of the request ($2,000,000 over a five year period) and 7) the need for more full-time direction of such a comprehensive activity.

Briefly, this proposal would attempt to develop the framework of voluntary participation, interaction and cooperation of continuing education agencies and institutions which are necessary before a region-wide system of continuing education can be established. Cooperative arrangements would result from three related activities:

1. A Continuing education inventory would be initiated, with continuous updating, of all continuing education activities provided by institutions in the Missouri subregions. This would identify duplications, overlaps and gaps in overall educational programming in the Region.

2. Teacher-consultant linkages would be developed consisting of a specially assembled cadre of representative health professionals working with Regional counterparts in specific locations, to identify education needs common to each profession. The consultants will also provide links to the Advisory Committee on Continuing Education

3. A local educational coordinator in each of five subregions would give individualized assistance to health care institutions in developing continuing education programs tailored to their own needs. (A sixth subregion will receive this help from central project staff.) These coordinators would be part of Core staff.

Second Year	Third Year
$142,940	$256,245
Fourth Year	**Fifth Year**
$225,172	$212,172

Renewal Projects

Renewals

Project #26R - Training in Arrhythmia and Resuscitation (Community Hospital Nursing Staff)

This project would provide two weeks of training at UMMC in monitoring and resuscitation techniques for acute cardiac conditions to community hospital nursing staffs. The course will consist of one week's initial training and a week's advanced training 3-4 months later, utilizing the Rocom Multi-Media Instruction System and observation at the Coronary Care Unit, UMMC. Approximately 100 nurses would be trained per year at the UMMC plus another 50 in community courses.

First Year	Second Year	Third Year
[illegible]	[illegible]	$52,287

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 8, 1971

Reply to Attn of:

Subject: Staff Review of the Missouri RMP's Triennial Application, RM09.

To: Acting Director
Regional Medical Programs Service
THROUGH: Chairman of the Month

Chief, Grants Review Branch

Chief, Grants Management Branch

Acting Chief, Regional Development Branch

Staff met to review the triennial application submitted by the M-R-M-P. A primary purpose of this review was to identify and discuss issues for the site visit on March 30-31. Since only six projects have commitment and since any reduction in the level of funding for 1971-72 would conceivably alter the Region's plans for use of committed funds, deliberation of the continuation portion of the application seemed of lesser importance. Staff recommended approval of the following continuation request:

#46	Hi-Blood	$163,419
#50	Joplin Stroke Prevention	87,653
#51	Sikeston Intensive Care	107,796
#52	Health Careers	100,777
#55	Cameo (tumor registry)	114,572
#58	Cardiovascular Education and Evaluation	116,570
		$690,787

Staff was generally satisfied with the first year's progress of these projects. Representatives from the Continuing Education Branch noted that since the Health Careers proposal no longer falls within RMP policy and since some of the activities have been undertaken by contact with the AAMC Division of Student Affairs (with O.E.O. funds), the Region might wish to consider reducing or even phasing-out support of this project. Staff wondered whether the CAMEO project was receiving any technical assistance in computer programming

Page 2 - Acting Director, RMPS

from the Advanced Technology Proposal (#49). Staff would also like clarification of the statement that the objectives of project #51, Sikeston Intensive Care, are being incorporated into the new proposal, #77, Cardiac Care Missouri. Staff also recommends approval of the core continuation request of $1,100,000, while recognizing that with the proposed expansion of core by $374,165 for district offices, continuing education staff and activities in Kansas City, the total core request will be a major issue at the site visit.

In addition to the continuation request, the Region's fifth year budget includes the following:

Core	$ 374,165
Approved but Unfunded Activities	519,208
Supplemental and Revised Projects	1,703,690
Renewal Projects	274,112
Developmental Component	400,000
	$5,061,962

The issues for the site visit are in an attached memo directed to the members of the site visit team. One issue which staff raised requires your specific consideration and guidance. This issue concerns the structure of the Regional Advisory Group and whether the ultimate decision-making responsibility rests with the entire three-committee group (Liaison Committee, Project Review Committee and Advisory Council) or with the Advisory Council only. A description of the Regional Advisory structure is on page 2 of the attached memo. Our questions are twofold:

1) Can the entire three-body group constitute the RAG; 2) If not, what would be an acceptable arrangement?

With the impending appointment of both VA and CHP representatives (to the Project Review Committee), this question assumes greater urgency.

The following staff members attended the meeting on February 25th:

Ted C. Moore, Kidney Disease Branch
Abraham Ringel, Operations Research and Systems Analysis Branch
Cleveland R. Chambliss, Office of Organizational Liaison
Cecilia Conrath, Continuing Education and Training Branch
Spero Moutsatsos, Planning and Evaluation
Teresa Schoen, Grants Review Branch
Dan Spain, Regional Development Branch
Lee Teets, Grants Management Branch
Charles Barnes, Regional Development Branch
Dona Houseal, Grants Review Branch

Page 3 - Acting Director, RMPS

Recommendation: Approval of the continuaton request of $1,790,787 for core and projects #46, 50, 51, 52, 55 and 58.

Dona E. Houseal
Public Health Advisor
Grants Review Branch

Action by Director Reviewed

Initials [illegible]

Date 3/12/71

cc: Dr. Pahl

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

MISSOURI REGIONAL MEDICAL PROGRAM
RM 00009 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommended that this application which requests: 1) an expanded Core, 2) the renewal of two activities, 3) the support of seven Council approved but unfunded activities, 4) the implementation of 16 new projects and 5) a developmental component, be partially supported as follows: $2,450,000 for the 05 year, $2,012,000 for the 06, and $1,825,000 for the 07 year.

A comparison of the request and the site visit team and Committee's recommendation for the 05 year is outlined below.

	Request	Site Visit	Committee
I. Core	$1,474,000	$850,000	$850,000
II. Computer and Bioengineering Activities (#69, 71,72,75)	861,000	600,000	250,000
III. Community based Activities (#25R, 36,37,38,39,43,46,50, 51,64,68,73,74,76,77, 80,81,83)	1,664,000	1,000,000	1,000,000
IV. Continuing Education Activities (#52,55,58,67,78, 79,82,26R)	663,000	400,000	350,000
V. Developmental Component	400,000	-0-	-0-
TOTAL	$5,062,000 1/	$2,860,000	$2,450,000

1/ $1.8 million is committed support.

Critique: In its deliberation the Committee accepted the report of the site visit to the Missouri Region on March 30-31, 1971. The site visit was a comprehensive one, with members of the team reviewing separately the activities in Kansas City, the continuing education program, computer and bioengineering proposals, as well as the central decision-making, review and administration processes in Columbia. Two members of the site visit team participated in the Committee discussion.

The visitors reported that the Region had made progress in certain aspects of program development since the last site visit, but that organizational weaknesses were hampering growth in many areas.

The Region's goals are broad, with poorly defined intermediate objectives. Program has been primarily determined by a collection of projects, which have been submitted by interested individuals and aligned with Regional goals after the fact, rather than stimulated on the basis of Regional needs. Program evaluation is geared to assessing the achievement of project objectives.

While the Coordinator is well-liked, he is not as forceful or efficient an administrator as he could be. Organized at a time when RMP's budget was projected for a $200 million level, the Core staff is oriented almost exclusively to projects (processing applications and monitoring approved projects) and has attained a size out of proportion to the program it handles. In addition, Core staff has continued to maintain its adament position that proposals from sponsors in communities outside the University setting be developed with little staff assistance in order to preserve local flavor and feelings of pride. The team recommended that the size of Core staff be reduced and that better service be offered to local proposers. At the same time, the team encouraged the Region to disengage itself from the project approach to program development by seeking other sources of support, using smaller amounts of Core funds to initiate activities on a short term basis, and phasing out projects which are no longer appropriate or are not performing adequately.

The Missouri RMP Regional Advisory Group has a unique tripartite structure. While it appeared to the site visitors to work effectively, the decision on the legality of the arrangement, particularly in relation to the placement of VA or CHP representation, seemed more appropriate for General Counsel. Reviewers felt that the very nature of the RAG may have contributed to the broad and irrelevant goals. The Regional Advisory Group also appears heavily oriented to project review, rather than to broader regional planning. The review process, which includes technical consultants and a ranking system, appears adequate.

Relationship with regional resources, particularly providers and voluntary health agencies, is a strong point in the Missouri program. The visitors were distressed that the Region seems to feel that consumers are adequately involved in program development through CHP representation in the advisory groups. Medical school leadership is still active in the program, although the proportion of

University sponsored projects is declining. As the grantee agency, it also provides fiscal and administrative support.

The continuing education part of the program seemed in need of a strong director of continuing education on Core staff with an Advisory Committee to serve him. The Coordinator should coordinate efforts of, and offer assistance to, project proposers by locating resources, opening lines of communication with the medical school and developing models of evaluation. After discussion with project personnel, the team felt such a staff person would prove more effective to the Region than initiation of the Continuing Education Coordination project. The visitors felt that some of the functions of inventory and teacher-consultant activities outlined in this proposal could then be carried out by contract with the UM Extension Division.

With little assistance from Core staff the subregional part of the program has continued to be one of the stronger features of MRMP. The Kansas City Area Planning Office has hired staff, engaged resources and worked as a coordinator-facilitator between the new medical school and the rest of the community's health system. The COMPACT proposal, which would coordinate interhospital departmental meetings and upgrade medical education, resulted from these efforts. The site visitors found the concept of such a proposal sound and believed it should be funded by RMP for one year until the participating hospitals assumed its support. Because of the difference in approach to program development and the unique problems of the urban setting, the Kansas City Office's relationship with the central MRMP Core in Columbia shows signs of strain. At the present, MRMP's relations with Kansas City are primarily that of fiscal agent and source of final project review. The site visitors recommended that priority be placed on staffing proposed subregional districts and strengthening those already in operation.

Both site visitors and Committee members had difficulty determining what course to follow with the computer and bioengineering proposals. Much has been invested in these activities during the past four years with reports of mixed results from previous site visitors. The present team was pleased with the Region's progress, and recommended reduced support for one last year, but with the realization that actual marketing and full implementation of the systems could still be two to three years away. They felt that the operation in Dr. Bass' office in Salem (#72) could prove valuable in determining the practicability of such a module in a solo practitioner's office, although they had reservations about its cost effectiveness. Initiation of the automated patient history system field test in Cape Girardeau was considered an imprudent investment at this time.

The site visitors presented their funding recommendations for Committee's consideration. Committee accepted the team's recommendation for a reduction of the Core budget to $850,000 and a reorganization of Core functions. Implicit in the recommendations is the advice to, 1) preserve and strengthen the district offices, including the Kansas City Office, and the Program Methodology Unit, 2) add a Director of continuing

education to Core staff, and 3) reduce the Planning and Operations staff and consolidate its functions within the Coordinator's Office. Committee was disturbed that the Region had not learned to make better use of the Program Methodology Unit, which could serve as a great resource by supplying data bases for determination of Regional needs. That the unit had to "sell" the Region on using its services highlighted Committee's continuing concern with MRMP's overall program development and management.

Committee deducted $50,000 from the site visitors' proposed $400,000 level for continuing education activities because they did not believe that new money for continued support of project #55, CAMEO, should be provided. The development of a computerized treatment logic system for patients with breast cancer and colon cancer raised fears about diffusion and acceptance of the treatment modalities being generated by the system.

The $1,000,000 level for community-based projects was accepted by Committee. Although they were pleased that provider support had been successfully brought into MRMP, high priority should now be placed on involving consumers in program development. Needs should also be better defined so that such proposals really meet the more pressing health problems of the community.

Committee was opposed to the site visitors' recommendation of $615,000 for computer and bioengineering activities. While a further year's investment in Dr. Bass' operation ($150,000) was accepted, Committee recommended that support for the other three proposals be phased out this year. $100,000 was provided to phase out these activities. Complete termination reports of the five years activities should be submitted to RMPS. One reviewer raised the question of appropriateness of continued RMP support for computerized EKG development when commercial funds are now available. In addition, he stated, most systems have not progressed to where review by a cardiologist can be totally supplanted by the computer analysis. Reviewers also thought that Missouri's efforts should have been directed to hospitals with larger volumes of EKG's than to individual physicians.

There was agreement with the site visitors that the developmental component be denied since neither group believed that the Region had demonstrated it was ready for or would utilize such funding in imaginative ways.

In conclusion, Committee stated that they thought a site visit in a year's time for assistance, as well as evaluation purposes would prove helpful to the Region.

Dr. Mayer was not present during the deliberations of this Region.

RMPS/GRB
4/22/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: April 12, 1971

Reply to Attn of:

Subject: Short Summary of Missouri RMP Site Visit Findings, March 30-31, 1971.

To: Director
Regional Medical Programs Service

Through: Acting Deputy Director
Regional Medical Programs Service

The site visit team consisted of:

G. V. Brindley, Jr., M.D., Chairman Department of General and Thoracic Surgery, Scott and White Clinics, Temple, Texas, and Chairman of the Site Visit.
Alexander M. McPhedran, M.D., Emory University Clinic and Council Member.
William L. Black, Ph.D., Staff of M.I.T. Lincoln Laboratory
Donald F. Brayton, M.D., California RMP Area IV Coordinator
J. Francis Dammann, M.D., Professor of Biomedical Engineering, University of Virginia School of Medicine
L. P. Johnson, M.D., Practicing Physician, Rockford, Illinois
Anthony L. Komaroff, M.D., Beth Israel Hospital, Boston, Massachusetts.
Willard L. Thompson, Ph.D. Dean of General Studies Sessions and Summer Sessions, University Of Minnesota.
Miss Dona Houseal, Grants Review Branch, RMPS
Marian E. Leach, Ph.D., Continuing Education and Training Branch
Mr. C. Ray Maddox, DHEW, Region VII.
Miss Teresa Schoen, Planning and Evaluation Branch
Mr. Dan Spain, Regional Development Branch

The purpose of scheduling a site visit for Missouri at this stage in the Region's development was to examine the new MRMP three-year plan--a product of its operational experience since 1967 which requests expanded funding at a time of reduced overall RMP grant monies. This level of funding would support further program development in the Kansas City District and in smaller regional centers, renewal of several computer/bioengineering R & D activities, and a substantial developmental component. Projects presented in this plan can be grouped in four main classes: program guidance, community service, continuing education, and computer/bioengineering activities.

In view of the complex character of the Region, the site visit was divided into four parts. On March 29th, the entire team met in Kansas City for an evening briefing and strategy session. On March 30th, the team divided into groups.

Team I (Dr. Brindley, Dr. Brayton, Miss Houseal and Mr. Maddox) traveled to Columbia to review the region's central decision-making processes, core operations, and relationships with other statewide agencies and institutions.

Team II (Drs. Thompson and Leach) accompanied the first team to Columbia and met that afternoon and the following morning with various regional representatives involved with the Region's continuing education activities.

Team III (Drs. Dammann, Black and Komaroff) flew to Salem, Missouri, to review the computer/bioengineering components which had been assembled and field tested in a local physician's office. They also met with the project proposers in Columbia on the following morning.

Team IV (Dr. McPhedran, Dr. Johnson, Mr. Spain and Miss Schoen) remained in that area to discuss RMP developments there - particularly relationships with the new medical school and linkages with providers and other health-related agencies.

The entire site visit team convened in Columbia on the evening of the 30th for a review of the first day and to discuss changes in strategy. Towards the end of the second day, time was provided for an executive session to discuss overall findings and recommendations and then to provide feedback to the Region before adjournment.

While the structure of this site visit was more complex than most, the size and diversity of the Missouri program necessitated a review similar to that conducted at the last visit in October 1969.

The site visit team was generally pleased with the Region's progress since that visit but stated that serious organizational weaknesses were hampering growth in many areas.

The Region's goals and objectives are vague and broad. They do not seem to have changed much since the beginning of the program. There was not much evidence that the Region had attempted to incorporate HEW or HSMHA objectives or priorities within their own. Program has been primarily determined by a collection of projects, which have been submitted by interested individuals and aligned with Regional goals after the fact, rather than stimlated on the basis of regional needs. Evaluation, then, has become a matter of looking at the achievement of project objectives.

The organizational effectiveness of Core was seriously questioned by the site visitors. While Dr. Rikli, the Coordinator, is well liked around the Region, he is not as forceful an administrator as he could be. With so many project activities, a large core staff, his involvement with the Extension Division and other University matters, he is spread so thin that his control of the program suffers.

Core staff itself has several strengths and weaknesses. The strengths are the Kansas City operation (to be discussed below), the other subregional

offices which are engendering provider support at the community level, and the Program Methodology Unit, which could serve as a great resource in building program definition by supplying a data base.

The chief weakness is that Core is presently organized around projects - first processing project applications and then monitoring the approved proposals. The site visitors further determined that the number of staff hired to perform these tasks was out of proportion with the total size of the program and should be reduced. A further criticism was that the planning section had not offered enough assistance to project proposers, particularly to those outside the university setting, in project development. Core staff has not vered from last year's adament position that proposals be written without Core staff assistance in order to preserve local flavor and feelings of pride. The team, however, thought that better service could be offered to these local proposers without injuring their integrity. In fact, the overall program could benefit from a more aggressive approach to proposer assistance - from recommending the deletion of aspects of projects which are not appropriate for RMP support to helping to find other sources of funding. In a time of lessening availability of funds from the national level, Core's persistence in turning out a large number of projects seemed anachronistic. The site visitors believed that the central Core could profit the Kansas City operation's example of using smaller amounts of Core funds imaginatively to initiate activities on a short term basis until others could support them. Core also seemed to become so committed to funded projects that they rarely modified weak proposals and had difficulty in phasing out those which were not performing adequately. The site visitors felt that it should not take three years to phase out those projects.

The Regional Advisory Group also appeared heavily oriented to project review. While data for planning on a Region-wide basis has been collected by Core staff, there was little evidence that the RAG has used this information to assess need and recommend the initiation of appropriate program activities. Little thought had been given to the use of the developmental component, other than to stimulate or start up project activity.

The Missouri Regional Advisory Group has a unique structure among RMP's. It includes three bodies-- the Liaison Committee, the Project Review Committee, and the Advisory Council. The membership and the structure are described in the staff summary of the application. Arranged this way in order to allay fears of University domination of the program, the Regional Advisory Group as a whole performs effectively. The problem of which group the CHP and VA representative should belong to and the legality of such a structure, particularly when projects disapproved by the Liaison and Project Review Committees are then approved by the Advisory Council, the site visitors believed, should be settled at the General Counsel's level.

The review process, which is the responsibility of the RAG, is adequate, It provides for an assessment of the proposal's relation to activities supported by other agencies in the Region, technical review (with occasional site visits) and a determination of its place in the overall

RMP program. Two of the three groups use a numerical rating, although the criteria on which the rating is based has not been formalized on paper. CHP comment has been instituted.

Relationships with the regional resources is a strong point in the Missouri program. The program seems to have the support of the Medical Society and many practicing physicians, the doctors of osteopathy, nurses, allied health professionals, and hospital administrators. Voluntary agencies' representatives spoke well of MRMP, as did those from CHP. Although the Region seems to feel that consumers were adequately involved through CHP, they are not generally well involved in program development. Medical school leadership is still active in the program, although the proportion of University-sponsored projects is declining. As the grantee agency, it also provides fiscal and administrative support.

Program as stated earlier, is a composite of projects. Two parts of the site visit team reviewed particular parts of the program-continuing education and computer/bioengineering - in great depth.

Continuing Education

Drs. Thompson and Leach spent a great part of their time discussing the Continuing Education - Coordination Project and the proposed appointment of a Core director of continuing education with the Regional representatives. The visitors agreed that the inventory and teacher-consultant activities described in the twice disapproved and revised Continuing Education Coordination Project would possibly serve useful functions in identifying continuing education needs of various health professions around the Region. Discussion with directors of ongoing and proposed projects brought the visitors to the realization, however, that what is most needed is a strong director of continuing education on Core staff, who could coordinate efforts of, and offer assistance to, project proposers by locating resources, opening lines of communication with the medical school and developing models of evaluation. There was significant concern among University-affiliated staff that such a person would not involve MRMP Core in, or sponsor through Core, operational activities. This would, in the opinion of the site visitors, weaken the ability of such a person in assuming a strong role with the Continuing Education Coordination project or with other projects. The site visit team recommended strongly that the Core Director position be funded and that the functions of the Continuing Education Coordination Project be given to the Core Director of Continuing Education. An Advisory Committee named in the proposal should also be selected and serve the Core Director. Core might then contract with the Extension Division for some of the functions outlined in the inventory and teacher-consultant activities.

Projects designated by the Region as primarily continuing education-oriented were also reviewed. By and large, they serve the purposes of an individual institution or community, rather than the Region's needs in continuing education or manpower development as expressed in an overall plan.

Computer/Bioengineering

The visitors who reviewed this part of the program were pleased with the progress since the last visit. The site visitors traveled to Salem to visit the proposal which had assembled and field tested the computer and bioengineering components in a solo practitioner's office in Salem, Missouri. While Dr. Bass' exceptional interest and enthusiasm were obvious assets, the visitors had reservations about the cost benefit of establishing this comprehensive system in a solo practitioner's office located in such a small community. With the commitment of Dr. Bass, the practicing physician in Salem, the cooperation of the University-based project personnel, the system is operational and being tested in his office on two to three patients a day. The system includes the automated patient history acquisition system, automated EKG, biochemical screening, fact bank and an on-line radiology reporting system. There is still much work to be done with consolidating design, software, and hardware changes, and marketing of the total system may be two or three years away.

With a change in project direction, the automated EKG proposal has overcame many of the obstacles, including reducing the cost per EKG, facing it in the fall of 1969. Several major weaknesses still need to be corrected before full implementation. Since developments are occuring so rapidly, however, the site visitors recommended looking at these components in another year to determine future funding.

The site visit team believed that the Fact Bank should be supported by outside sources after this year and that the Cape Girardeau experiment not be started at this time.

Community-based Programs, including Kansas City

After hearing from some physicians in smaller communities around the state and visiting the Kansas City subregional program, the site visitors concluded that the activities in these areas continue to be some of the more dynamic aspects of the program. The Kansas City Area Planning Office has made great progress since the last site visit---staff has been hired, resources found and program activities initiated.

Located in the only major metropolitan area in MRMP, the Kansas City Area Planning Office has seen its role and problems as distinctly different from those of the Region as a whole. In the "Hospital Hill" section particularly, Kansas City has a considerable concentration of health resources and ongoing activities, including: a developing, community-oriented Medical School, a large number of community and University-affiliated hospitals, developing Model Cities and OEO clinics and health centers, a burgeoning CHP "b" agency, supportive civic leadership and professional societies, a variety of allied health training resources and continuing education programs and a new, non-profit technical assistance organization - the Health Resources Institute.

With such resources available, the KC Area Planning Office has concentrated on a coordinator-facilitator role, particularly focusing on activities related to Medical School development as part of the total community health system (i.e., assisting in establishment of a Community Wide Residency to provide programmed clinical experience for medical students and residents in community hospital, health centers and the KC General Hospital docent units.)

Four projects have been developed in the area -- the terminating Programmed Comprehensive Cardiovascular Care Project, the ongoing project Hi Blood, the proposed Improvement of Pharmaceutical Services and COMPACT. The Site Visit team considered these to be basically sound concepts and well developed. But despite encouragement from MRMP to channel its efforts into further projects, the Kansas City Office prefers to maintain its current role, which site visitors agreed was an appropriate one. This independence, a probable source of tension within MRMP, nevertheless seems to have been accepted by the Region in view of the area's peculiarly urban problems. Besides general concurrence of Kansas City goals with very broad Regional goals, MRMP's relations with Kansas City are now primarily that of fiscal agent and source of final project review.

Conclusions and Funding Recommendations

The site visit team concluded that the Missouri RMP is making progress, particularly in subregional development, which should continue to be fostered. Serious organizational problems, an overwhelming project orientation to the accomplishment of program, and lack of full assistance for those developing proposals at the community level disturbed the site visit team and influenced their determination of funding recommendations.

For their next three years, the Region has requested:

05	06	07
$5,061,962	$4,310,940	$3,511,564

The fifth year request includes:

$1,500,000 for Core
600,000 for continuing education activities
900,000 for computer and bioengineering proposals
1,700,000 for community-based activities
400,000 for a developmental component

$1,800,000 of the $5,100,000 request is committed support.

The site visitors recommended a $2,865,000 level for the 05 year which includes:

$850,000 for Core with the strong suggestion that the subregional or district offices, including the Kansas City Office, and the Program Methodology Unit be perserved and strengthened. The Core Director of

Continuing Education should be added to staff. However, it was recommended that the Planning and Operations staff be reduced and consolidated with the Coordinator's Office.

$400,000 for continuing and new continuing education activities. This amount includes reduced funding for projects #26R, one-year funding for #78, full funding for #79, no funds for #82 and #67 and suggestions for improving and phasing out ongoing activities for which outside support now exists or RMP support is no longer appropriate.

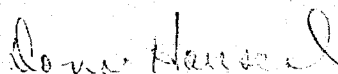
$615,000 for one year only for computer and bioengineering proposals.

$1,000,000 for community-based projects with advice to the Region to continue to emphasize this vital part of the program.

No funds for the developmental component, since the site visitors did not believe the Region has demonstrated that it was ready for or would utilize such funding in imaginative ways.

A summary of the three years funding recommendation follows:

05	06	07
$2,865,000	$2,067,000	$1,825,000



Dona Houseal
Public Health Advisor
Grants Review Branch

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

MOUNTAIN STATES (WICHE) REGIONAL MEDICAL PROGRAM
525 West Jefferson
Boise, Idaho 83702

RM 00032 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: Kevin P. Bunnell, Ed.D.

This region is currently funded at $1,873,974 direct costs ($365,146 ind.) for its third operational year, ending February 28, 1971. The Anniversary date has been changed to June 1 at the request of the region, with additional funds ($64,776) being required for the 3-month extension, based on the present rate of expenditure. It should be noted that varying indirect costs for the region represent an average indirect rate of 19.5 %, of the total direct cost award.

The Triennium application under review is composed of:

I. - A Developmental Component
II. - The Continuation of Core and 11 ongoing activities
III. - Proposals for 6 new projects
IV. - The renewal of 1 activity

The region requests $2,449,940 for its fourth year of operation, $2,617,542 for the fifth, and $2,486,328 for the sixth. A chart identifying the components for each of the three years is included in this summary.

A site visit is scheduled for March 8-9, 1971, and a preliminary staff review of the application has identified several issues for the visiting team's consideration and assessment. These are also a part of this summary.

In the general reduction of funding levels for all regions, MS/RMP (WICHE) received a committed direct cost level for FY 1971 of $1,474,765 (from $1,611,764).

FUNDING HISTORY (direct cost only)

PLANNING STAGE

Grant Year	Period	Funded
01	11/1/66 - 10/31/67	$698,845
02	11/1/67 - 12/31/68	884,034

OPERATIONAL PROGRAM

01	3/1/68 - 2/28/69 (overlaps with planning stage) and	
01 (Increase)	supports 1 operational activity and 2 months Core	346,159

OPERATIONAL PROGRAMS (cont.)

02	3/1/69 - 2/28/70	$1,562,967
03A2	3/1/70 - 2/28/71	1,873,974

HISTORY OF REGIONAL DEVELOPMENT

Development of the Mountain States Regional Medical Program was based on an extensive analysis of the area's health needs, and methods to meet those needs were carried out during its planning phase.

WICHE (Western Interstate Commission for Higher Education), a compacting organization of 13 western states, had been interested and active in developing medical education programs in the western states that did not have medical schools. The WICHE Advisory Council on Medical Education recommended that the four states be designated as a Region for a Regional Medical Program under P.L. 89-239, and that WICHE apply for a planning grant with objectives of upgrading and improving the existing facilities at community levels to provide optimum patient care in heart disease, cancer and stroke.

WICHE received a planning grant from the Division of Regional Medical Programs for a two-year program, beginning November 1, 1966. Within a relatively short time, four full-time and six part-time physicians formed the nucleus of a professional staff. A regional office was opened in Boise, Idaho, to coordinate activities in the four-state area. State field offices were opened in Great Falls and Missoula, Montana; Boise, Idaho; Cheyenne, Wyoming; and Las Vegas and Reno, Nevada. WICHE headquarters office in Boulder, Colorado handles the fiscal management.

Preliminary analysis of the surveys made under the auspices of the planning grant indicated a critical need for coronary care training and cancer diagnostic and treatment centers. The establishment of the Missoula Intensive Coronary Care Training Program for physicians and nurses, and the Tumor Institute in Boise, served as first steps in meeting the goal to develop new clinical resources and educational programs. The survey findings also indicated the health professional's desire to increase his capabilities to care for patients and provided the impetus to develop programs focused to meet local needs.

The region's first operational site visit took place in February 1968 and its second in October 1968. It was clear that the regional council of State Directors was becoming more effective as an integrating and planning activity. As state programs evolved, a network of subregional offices developed in Las Vegas, Reno, Boise, Pocatello, Cheyenne, Buffalo, Great Falls and Missoula. The site teams believed that this represented the minimum organization mandatory for continued health planning and the development of further operational programs for the region.

GEOGRAPHY AND DEMOGRAPHY

The Mountain States (WICHE) Regional Medical Programs includes the four-state area of 435,643 square miles of Wyoming, Nevada, Montana and Idaho with a total population (enumerated in 1970 Census) of 2,230,000 persons. The population in the four states increased about 14% compared with the 1960 Census (and notably Nevada). With the exception of the few larger cities, the rural population represents nearly 50% of the total.

FACILITIES AND RESOURCES

In the last few years there has been a shift in resources and facilities with an increase in training facilities and hospital capacity.

Nevada has a developing 2-year medical school, with opening scheduled for 1972. The number of active practicing physicians and osteopaths totals 2,100: 647 in Idaho, 696 in Montana, 451 in Nevada and 306 in Wyoming. The ratio of physicians and D.O.'s averages about 94 per 100,000 population ranging from: 89 in Idaho to 102 in Nevada; a ratio of 98 for Montana and 94 in Wyoming. The latest data regarding graduate nurses indicates a total of about 9,600 registered nurses. Of these 6,700 (almost 70%) are reported to be actively employed in nursing. They are located as follows: Idaho 1,954, Montana 2,483, Nevada 1,060, Wyoming 1,209. The increase since 1962 is about 250. The number of schools which are training allied health staff has increased some. There are a total of 14 schools of medical technology (all hospital affiliated) in the region with 6 in Idaho, 4 in Montana, 3 in Nevada and 1 in Wyoming. There are 22 schools which provide training for radiologic technicians: 7 in Idaho, 6 in Montana, 7 in Nevada and 2 in Wyoming. Two in Nevada are University based.

The region's 15 professional nursing schools, 13 of them college or university affiliated are: 4 in Idaho, each college affiliated; 6 in Montana, 4 of them college affiliated; 2 University based in Nevada and 3 college affiliated in Wyoming. 30 licensed practical nurse training schools are also operated. Many are school district or college affiliated as follows: 15 in Idaho, 5 in Montana, 2 in Wyoming and 8 in Nevada.

Community general hospitals have increased in number and in bed capacity, compared with 5 years ago. There are 148 short term non-Federal hospitals with a capacity of 10,496 beds: Idaho has 48 and 2,879 beds; Montana has 56 and 3,841 beds; Nevada has 17 and 1,951 beds and Wyoming 27 with 1,825 beds. There are also 4 long-term special general hospitals with 963 beds and 5 V.A. general hospitals with a total capacity of 826 beds.

REGIONAL ADVISORY GROUP

The necessity for streamlining the operational structure of MS/RMP promted a regoranization of the RAG, retaining the geographic representation while reducing the total number of members. Geographic coverage has been broadened and Task Forces and committees have been increased.

The Core staff and the RAG working together developed specific feasible and long-range objectives for the MS/RMP Triennium. Utilizing questionnaires to each member, critiques and comments were obtained to assist in shaping the final draft, which was presented to the entire Group for consideration and approval.

The broad regional objectives established by RAG represents expansion of ongoing activities which are focused on four specific targets: 1) Sub-regional centers for Continuing Education; 2) Health Centers for Residents; 3) Stimulating Health Manpower development; and 4) Specilized Centers Development. A system for setting priorities for activities within these objectives is currently under development.

The Mountain States RMP is providing expertise and resource personnel for health planning in each of the four Model Cities within the region. Core as well as RAG representatives have leading roles in each state and area. The present RAG includes two CHP representatives as well as one appointee from the Veterans Administration.

REGIONAL GOALS AND OBJECTIVES

The region has identified four goals which are expected to be areas of major program emphasis for the next Triennium. These may change in the event of unexpected circumstances, but long-range planning (3 year) reflects the following overall objectives:

Sub-regional Centers for Continuing Education - These will be associated with a community hospital and, when possible, an educational institution, have a local Advisory Council consisting of consumers from a variety of health occupations. Continuing health education opportunities, through a sub-regional faculty of skilled practitioners who are also skilled teachers, will develop a mechanism for continual evaluation of continuing health education needs. These efforts will be coordinated with Public Health Departments, voluntary health groups, hospitals, and other organizations in developing programs.

Health Services for Rural Residents - The region hopes to improve the quality of, and accessibility to, basic health care for citizens of the region, with emphasis on those living in rural areas. This will be accomplished through the use of new types of manpower, new organizational patterns, service-oriented systems, and new equipment. Plans are underway for development of basic health care teams having

an appropriate combination of health occupations, with new kinds of manpower to serve rural areas,e.g.,Medex, medical referral specialists, nurse clinicians, etc. The region is also planning and developing sub-regional health centers, transportation mechanisms for rural patients, demonstrations of use of remote TV for diagnosis and prescription. Educational opportunities for indigenous "health educators" such as health aides, and Indian health advisors, are also being explored.

Stimulate Health Manpower Development - MS/RMP hopes to stimulate educational institutions, state systems of higher education, hospitals, and professional associations to plan and develop new programs and improve programs for in-service education. This will be done through the strengthening and expanding existing programs, and encouraging planning and development of programs for new health careers. Also, attention will be given to the development of basic sciences education and other clinical training for medical education and students of health occupations. In-service education opportunities that will improve careers and facilitate transfer into new careers will be developed.

Specialized Centers Development - Through educational programs MS/RMP will assist in development of specialized centers located in selected urban centers within reasonable access of urban and rural residents as model or demonstrations for diagnosis, consultation and education related to major diseases and disorders.

The WAMI Program (Washington, Alaska, Montana, Idaho) is underway to provide medical education extending beyond the campus of the University of Washington at Seattle to communities of this region in Idaho and Montana.

Sub-regional centers with the four states have been identified in twenty strategic areas having a critical mass of population, patients and practitioners. These new centers, now in various stages of implementation, will provide an organizational base for the coordinated activities throughout the region.

Idaho has established seven sub-regional centers with part-time Coordinators, each located in communities served by a university or community college.

Montana has designated five RMP Districts, with Medical Education Coordinators thus far for Districts one (Western Montana) and three (Eastern Montana). A Coordinator for each of the years 1972, '73, '74, is a long-range projection for the remaining three Districts.

Nevada has appointed community Coordinators in Elko and Ely, and a third is proposed for Carson City. MS/RMP is working with the Nevada University System in its development of a two-year medical school in Reno.

Wyoming is developing Educational Processors (medical educators for small hospitals) through special seminars.

CORE STAFF ACTIVITIES

Core staff consists of 34.92 full-time equivalents located in the regional and four state sub-regional offices.

No significant changes in organization or structure have been made during the past grant period. Sub-regional community education coordinators on both a voluntary and a part-time basis were recruited. A full-time person with training in the applied behavioral sciences was employed at the regional office level to coordinate planning and evaluation efforts. The position of Coordinator of Operations Programs was abolished and expanded and these duties were assumed by the Deputy Regional Director.

With the emergence of a medical school in Nevada, discussions are expected during the upcoming Triennium to explore an orderly transition leading to an independent Nevada Regional Medical Program. It will probably be affiliated with the University of Nevada.

With the upcoming Triennium, Core staff will assume responsibilities for administering Project #5 - The Montana Continuing Education for Health Professionals. This will be a step in systematizing the development of sub-regional centers for continuing education.

The facilitation for planning, development, and inter-relatedness of all operational projects will continue to be a Core staff activity, which will provide leadership for activities proposed for the triennium. Other activities will include the development of an explicit priorities system, a refined reporting system which is valid and of immediate use in making decisions, to provide continuous recording and monitoring of program impact. Also, the region is thinking of conjoint Core staff and efforts directed toward the development of more refined program objectives in terms of specific individual staff assignments.

Core staff will also be responsible for planning for the use of developmental funds in order to assist in the transition, a heavy emphasis on continuing education to other forms of "systems intervention." MS/RMP will not abandon continuing education efforts, but the strategy of continuing education will aim toward community-based systems changes and improved inter-professional, and inter-organizational effectiveness.

There are four active Model Cities in the region and members of the Core staff in the Idaho sub-region have participated in the Planning and Advisory Committees in the development of the Model Cities program in Boise. An educational specialist on Wyoming Core staff is Chairman of the Health Section Advisory Group for a Model Cities program in that state. A staff member of the Montana Division serves on a state-wide coordinating committee for the two Model Cities in that state.

THE REVIEW PROCESS

The review process of the MS/RMP is closely coordinated with project development. Survey data and inventories of resources within the region are utilized in generating and developing ideas, which are responsive to regional objectives, as well as regional and national priorities.

New by-laws have been adapted for an ad hoc Technical Review Panel. These provide critical review by three experts outside the region which are appointed by the Regional Director in consultation with the RAG Chairman.

While there is no formal mechanism for project review with the CHP agencies, mutual memberships of executive and advisory boards with RMP Core staff provide for an interchange of information.

EVALUATION

With the employment of a full-time person with training and experience in applied behavioral science on the Core staff, a systematic program evaluation method has been developed, computerized and implemented in December 1970. It includes correlated information from: (1) a common registration form; (2) a multi-dimensional, objective and open-ended "analysis and satisfaction" form for participants; (3) standardized faculty and observer information; (4) an attitudinal assessment of participants; and (5) administrative and other descriptive information.

A major criterion in the evaluation system is that it must result in usable, useful and used information for planning and organizational growth.

Simultaneously, a more extensive system of program evaluation takes place through staff conferences, consultations with RAG members and involvement of grassroots health providers.

In addition, each operational project contains a provision for consultation on the technical aspect of systematic project evaluation, based on the principle that evaluation, particularly at the regional level, should be an integral part of the initial development of proposals.

Work is also underway on the development of standardized methods for evaluation of application of learning in the existing Continuing Education Projects. Two training sessions have been held by MS/RMP Core and operational staff to stress technical aspects of evaluation and other working conferences for staff are scheduled. Another portion of the evaluation activity has been the initiation of several short probes into questions of concern to program functioning.

DEVELOPMENTAL COMPONENT

The stated purpose of the request of $71,000 is for "developmental activities to pursue practical goals oriented approaches to meet emerging needs and opportunities identified by mission-oriented task forces and MS/RMP staff."

The provision of developmental funds will increase the region's capability to improve communication and planning and to study and redefine emerging health needs at the local level. MS/RMP hopes to explore pilot activities in response to community needs, moving with flexibility and coordination into appropriate programs to strengthen existing capabilities to find effective and efficient ways to improve health service. This will also expedite exploratory activities while local resources are mobilized for self-support.

In recognition of a change in national direction, the MS/RMP is making an effort to meet the newly established priorities. The policy of MS/RMP Regional Advisory Group establishing priorities, and allocating and authorizing funds will continue with the award of developmental funds.

The review process for developmental proposals will be the same as for operational projects with proposals submitted quarterly to RAG members to permit critical review of documents prior to regular meetings. Technical review panels will evaluate proposals as to feasibility and potential for implementation.

The region is in the process of developing criteria such as those used by the Michigan RMP and the Washington/Alaska RMP for reviewing proposals to determine priorities. Areas of concern will include appropriateness, probability of success, workable relationship, evaluation mechanism, contractional arrangements, potential for development, commitment for continuation after RMP funds have expired, and cost-sharing possibilities.

The region submits a list of activities which they consider having a potential for developmental funds; (1) a pilot program for intensive infant care unit in selected hospitals; (2) development of Health Maintenance Organizations; (3) stimulation of cooperative arrangements between federal, state and local authorities to improve emergency transportation services; (4) introduction of new patterns of health services; (5) inter-regional cooperation and programs for development of kidney disease control and dialysis centers; (6) development of radiology and laboratory proficiency; (7) study of the feasibility of a three phase program for diabetics.

OPERATIONAL PROJECTS	Fourth Year Request
	$148,582

Project #2R - Intensive Coronary Care Training - A slight increase in funds is requested for the next (01) period of the Triennium,

after which time it is anticipated that the project will be transferred to the University of Montana and Montana State University for continuation. The training center was established at St. Patrick's Hospital in Missoula, Montana and has served as a prototype for the development of similar units and programs in other areas of the region.

The project is considered successful, quite popular and has received excellent support of all participating institutions. Accomplishments of the program have made significant impact on this region with improved coronary care becoming available to an increased number of citizens. Management methods have been improved and interest continues high in participating hospitals. This has resulted in excellent cooperation with the University of Washington, the University of Montana, Montana State University School of Nursing and the five regional hospitals providing supervised bed-side experience.

In addition to the existing program for training of physicians and nurses, two new programs are planned - one in ECG monitoring for anesthiologists and the other affording short preceptorships to provide tutorial experience for practicing physicians.

Requested
Fourth Year
$207,172

Project # 3R- Mountain States Tumor Institute - The region is requesting three additional years support or support for the project's third, fourth and fifth periods. The region feels that continuation for another full three years is imperative to fully implement all aspects of the program and to establish its efficacy through appropriately evaluated mechanism of a regional cancer diagnostic and educational center.

The Institute, which is a total cancer therapy center, constructed by St. Luke's Hospital in Boise uses a multi-disciplinary approach to patient treatment with an added component of education. It is the first of its kind in the region if not in the entire West. The MSTI, including land, building and equipment, is provided by St. Luke's Hospital, and is a fully incorporated subsidiary of St. Luke's Hospital and Nurse's Training School. The same Board of Directors governs both institutions. In addition, a policy and planning council with delegated responsibilities for MSTI has been established.

A Nurse Coordinator was employed on a part-time basis during the 02 grant year, and a full-time Nurse Educator, a dosimetrist and an additional full-time radiotherapist are also requested.

Fifth Year: $207,172 Sixth Year: $207,172

Requested
Fourth Year
$76,177

Project #5 - Montana Continuing Education for Health Professionals - One additional year is requested(fourth period) although three additional Medical Education Coordinators are to be added over the next three year period.

Program activities will be expanded by responding to unfilled requests. Twenty-three programs for 18 disciplines are already scheduled through September of 1971, and at least 10 additional programs are in the planning stage two of which will be for two additional categories of health professionals.

Groundwork is being laid to insure the orderly transition of this project to a self-supporting status. Some supporting contributions already are being made by health professional organizations in the region.

Project #6 - Rocky Mountain States Cooperative Tumor Registry - One additional year of support is requested with a slight increase in funds largely for personnel for the four state area. This cooperative registry, which is patient-physician oriented, is designed to be of value to the practicing physician in insuring him patient data and systematic follow-up. The registry involves all of the four states,and in addition, the Intermountain and Colorado/Wyoming RMPs. While progress has varied from state to state, three of the four now have functioning Cancer Coordinating Committees. Some hospitals are not participating as yet, but it is expected that the majority will join during the next year. All registries have participated in advisory committee meetings of the Rocky Mountain States Cooperative Tumor Registry and registry secretaries have attended training sessions in Salt Lake City.

The means to continue these activities after June 1, 1972 is under active investigation. The Montana State Department of Health is seeking legislative authorization and funds to continue their portion of the program when it terminates. The State Medical Society of Wyoming is actively encouraging its state to continue participation.

Requested
Fourth Year
$91,271

Project #7 - Continuing Education For Nursing - Nevada
This project became fully operational July 1, 1970 with the employment of a project director. It will serve as a model for the first of a four phase regional approach to develop a cooperative continuing nursing education program for the four states. The four components of the program have common goals. However, the methodology has been modified in each to meet the specific needs of each state and to maximize use of their educational resources.

The deans of the four baccalaureate schools of nursing conceived, planned and guided the emergence of this approach to continuing nursing education. They meet annually to assure continuance of its broad concept.

Fifth Year: $97,500 Sixth Year: $48,250 (6 mos. only)

Project #8 - Inhalation Therapy Continuing Education - This project is moving into its second year with a slightly reduced request in funds. The program which is devised for the states of Idaho and Nevada has offered courses attended by personnel throughout the region and other parts of the nation. It provides information, training and skills in the most recent advances in pulmonary care through a two-fold program on a regional basis. Faculty and supporting staff are employed on a part-time basis, primarily from local participants. Consulting services are obtained from the Mayo Clinic, the University of Colorado and the University of California at San Francisco for the nurse technician and the physician courses offered.

Requested Fourth Year: $76,068

Workshops and seminars have been conducted as well as other training courses for nurses and physicians and inhalation therapists. Pre and Post-tests have been administered to participants in the nurse and technician courses, and in addition, verbal and written critiques from the seminars are obtained from the students, with their recommendations.

Fifth Year: $82,402

Project #9 - Cardiac Care Training - Las Vegas, Nevada The program, initiated in November 1970, is based at the Sunrise Hospital, Las Vegas, with laboratory sessions offered at the University of Nevada in Las Vegas. An additional two years support is requested.

Requested Fourth Year: $70,737

In addition to the project director, who is a cardiologist, four physicians from the Las Vegas area and one from the University of California in San Diego, serve as faculty. A qualified nurse educator is the primary nurse faculty. In addition, faculty and project staff from other regional coronary care programs have served as consultants to this project as well as sharing of curriculum and teaching informational materials.

Three courses for nurses are planned during the upcoming year with 15 to 18 students per course. An accelerated program is anticipated for the 02 year and will include three physician courses.

Fifth Year: $63,700

Project #10 - Consulting Teams in Rural Areas - Nevada This project is requesting limited funds for an additional two years after an experimental period begun early in 1969. Its major purpose is to stimulate interest and increase skills in health professionals in isolated areas.

Requested Fourth Year: $33,343

A nucleus of interested, knowledgeable and proficient physicians, nurses and other health professionals in the Reno area have been mobilized to serve as a resource panel from which a consulting team is drawn to visit regularly community hospitals. Local participation

by all health professionals has been almost 100%, with the exception of Carson City and Elko, which have the largest number of health professionals, with about 50% participation.

Reaction and suggestion forms completed by participants early in the program indicate interest and a high level of satisfaction. These forms were designed primarily to provide feedback to consultants. Bi-monthly consultant visits will continue to be scheduled in all nine communities, and in addition, evening sessions will be scheduled. The continuing nursing education program (Project #7) will provide nursing follow-up between visits.

Fifth Year: $18,500

Requested Fourth Year: $89,255

Project #11 - Continuing Education for Nursing - Idaho
This project became operational July 1, 1970, and is based at the Idaho State University in Pocatello. It is the second phase of a regional approach to develop a cooperative continuing nursing education program for the region. Its development follows the pattern of the Nevada project (Project #7) and the four components have common goals. The project director, based at Idaho State University Department of Nursing also serves as faculty for educational activities in Southeastern Idaho. A second faculty member is serving Northern Idaho based in the Department of Nursing, Lewis and Clark Normal School at Lewiston. A third faculty member will be based at Boise State College and will serve Southwest Idaho.

Fifth Year: $96,887 Sixth Year: $108,459

Requested Fourth Year: $88,827

Project #12 - Continuing Education for Intensive Care Personnel-Southwest Idaho - The request for funds for the next Triennium for this project which was reviewed by the November 1970 National Advisory Council, plus continued contributions from the are hospitals and the Idaho Heart Association will permit expansion of the effort to include more physicians and nurses.

The program is inter-regional and inter-agency in character and is an adjunct to the oversubscribed MS/RMP coronary care training program originating in the Missoula, Montana area (Project #2). This program will harmonize with the regional objectives and will be consistent with the training centers, as well as with the plan to develop subregional centers of continuing education.

A consortium of our area hospitals (St. Luke's and St. Alphonsus, Boise; Mercy, Nampa and Caldwell Memorial) was formed and their contribution, plus a substantial amount from the Idaho Heart Association, permitted early implementation of the program. It has made a significant impact on Southwest Idaho and Eastern Oregon.

Fifth Year: $92,614 Sixth Year: $85,860

Project #13 - Continuing Education for Nursing - Wyoming — Requested Fourth Year: $77,308

This project was approved by the National Advisory Council on November of 1970 and became operational January 1, 1971, with the employment of a project director. It is the third phase of a regional program to develop a cooperative continuing nursing education for the region.

The University of Wyoming has agreed to continue the project, subject to availability of funds and other resources at the end of the third year as in the previous application. The development follows the pattern of the Nevada proposal (Project #7).

Fifth Year: $82,275 Sixth Year: $85,860

Project #15 - Continuing Education for Nursing - Montana — Requested Fourth Year: $94,820

This is the fourth and final phase of the continuing education for the four states. The development follows as the preceding projects, the pattern of the Nevada program (Project #7).

The project will be based at the Montana State University School of Nursing of Bozeman, with community health facilities sharing responsibilities. A network of seven learning centers will be established with each center serving one or two secondary centers near or at the nurse's place of employment. Montana State University has agreed to assume responsibility for the project after the first three years of operation, subject to the availability of funds and other resources.

Fifth Year: $94,521 Sixth Year: $98,407

NEW PROJECTS (Proposed for periods two and three of the Triennium)

During the next Triennium the MS/RMP will be involved in a transitional period during which several projects will phase out, others will be phasing down and/or developing new emphases. The following programs have been designed to achieve a systems change in manner which is viable and feasible at the grassroots level.

Project #16 - A Program for Subregional Development of Health Maintenance Organizations. The goal of this proposal is the stimulation of the development of a locally feasible and acceptable organization of portions of the health delivery system in selected communities. The organization will offer: Comprehensive health care for consumer, including preventive programs; ambulatory care services; strengthened linkages into a referral system; development of a specialized center; and a pre-payment mechanism.

The proposal is correlated with the accompanying one dealing with manpower utilization, which will stimulate readiness for HMOs which will be feasible at the local level and commensurate with national and regional goals.

The "systems transformation" called for by this program consists of successive community adoptions and refinements of revised organizational patterns for improved delivery in specific communities.

Fifth Year: $49,400 Sixth Year: $110,285

Project #17 - Improved Utilization through Expanded Roles of Existing Manpower. The proposal will support extensive development of more effective patterns of manpower utilization in rural communities. It will concurrently support the training of a "middle-level practitioner" category and facilitates their introduction through community based manpower reorganization efforts. Specific activities will include health personnel training and collaborative learning of new styles of working arrangements.

Specific designs will be based on individual characteristics of communities and based on involvement of the key health services and health resource personnel. A coordinated planning and administrative mechanism will be maintained at the regional level.

Fifth Year: $58,900 Sixth Year: $70,800

Project #18 - Centers for Care of Childhood Disorders - This proposal will attempt to reduce infant mortality and morbidity in the neonatal period and prevent long-term sequelae of birth-associated events for infants in the Mountain States area. This is only one aspect of a comprehensive program of maternal and child health. The program will designate regional centers through evaluation of vital statistical data, geography and transportation factors and medical specialists available. Secondly, centers will be designated to train personnel. Faculty (physicians and nurses) will be recruited and equipment will be obtained for demonstration teaching. Evaluation will include data,measuring the centers' ability to correct life threatening conditions through the use of trained personnel and special equipment and facilities and overall improvement in neonatal death rates.

Fifth Year: $78,000 Sixth Year: $100,000

Project #19 - Extension of Cancer Centers - The purposes of this project are identical to Project #3, which established in Boise a regional cancer diagnostic and treamtment resource, (MSTI) which in addition provides intensive and continuous cancer education program for medical, dental and allied health personnel.

Funds are requested for establishing in a centrally located community in Montana, a similar resource. There are three hospitals and about 40 physicians who provide major medical specialty referral services for eastern Montana. Both cobalt and chemotherapy are available to a limited degree but services are fragmented. The center planned for this will follow the concept of MSTI in Boise.

A unified center similar also to MSTI is also planned for Las Vegas, Nevada. There has been much interest and enthusiasm by health interests in the area for such a center. It will serve a community of 300,000 residents, utilizing the MSTI as a prototype. Core staff will assist in planning and development.

<u>Fourth Year</u>: $50,000 <u>Fifth Year</u>: $70,000

Project #20 - <u>Preparation of Physicians as Teachers</u> - The proposal calls for the development of new and relevant educational skills for key health practitioners in the new subregional system for continuing education. This will provide key health practitioners--particularly selected physicians with advanced skills in emerging and existing medical and health education opportunities.

Preparation of physicians and other health personnel as key teachers in subregional centers will be accomplished through an educational design which: (1) provides for reducing the "knowledge-practice gap"; (2) provides a "renewal" experience to give participants a competence to effect significant community changes in medical care practice: and (3) provide competence to create and sustain an optimal learning environment allowing for increased discipline competence and more productive interdependent behavior directly related to the community's overall health system effectiveness.

<u>Fourth Year</u>: $62,441 <u>Fifth Year</u>: $92,800

Project #21 - <u>Laboratory and Radiography Improvement Program</u> - This program will be designed to improve and make more readily available, reliable clinical laboratory and radiography services. This will be very significant in the overall improvement of medical care in rural areas. Subregion committees will be utilized and consist of consumer representatives, as well as all health professionals (including hospital administrators) having an interest in clinical laboratory and radiography performance.

The program will utilize local resources to the maximum; and the system will be largely self-supporting. All aspects of the program will be identified with the subregional committee and not with any official agency or professional group. Cooperation of state and local health departments, community hospitals and professional groups, through appropriate official representation

on the subregional committees, will be emphasized. Code numbers will guard the anonymity of laboratories and radiology departments.

A well-trained experienced technologist with some teaching methodology will be employed as project director. He will coordinate all continuing education and quality control programs and serve as executive secretary of the overall committee. Each subregion will employ a part-time person (25%) to work with local committees and assist the project director carry out program activities in his own area.

Fourth Year: $40,000 Fifth Year: $50,000

RMPS/GRB/3/1/71

REGION MOUNTAIN STATES
CYCLE RM 00032 5/71
BREAKOUT OF REQUEST 04 PERIOD (Triennium)

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL COMPONENT				$71,000	$ 71,000	$23,927	$ 94,927
CORE	$1,159,109				1,159,109	233,425	1,392,534
#2R - Coronary Care Training		$148,582			148,582	25,615	174,197
#3R - Tumor Institute		207,172*			207,172	64,400	271,572
#5 - CE for Health Prof.	76,177				76,177	-0-	76,177
#6 - Tumor Registry	166,271				166,271	16,521	182,792
#7 - CE for Nursing (Nevada)	91,271				91,271	24,752	116,023
#8 - Inhalation Therapy CE	76,068				76,068	10,916	86,984
#9 - Cardiac Care Training	70,737				70,737	13,204	83,941
#10 - Consulting Teams	33,343				33,343	2,359	35,702
#11-CE for Nursing (Idaho)	89,255				89,255	20,613	109,868
#12 - Coronary Care Training	88,827				88,827	8,882	97,709
#13 - CE for Nursing (Wyoming)	77,308				77,308	32,639	109,947
#15 - CE for Nursing (Montana)	94,820				94,820	29,883	124,703
#16 - Health Maintenance Organization				---	---	---	---
#17 - Expanded Roles of Existing Manpower				---	---	---	---
#18 - Centers for Care of Childhood Disorders				---	---	---	---
#19 - Extension of Cancer Centers				---	---	---	---
#20 - Preparation of Phys. as Teachers				---	---	---	---
#21 - Laboratory & Radiography Improvement Program				---	---	---	---
TOTAL	$2,023,186	$355,754		$71,000	$2,449,940	$507,136	$2,957,076

* First year of Triennium (3rd year commitment) to be considered as part of renewal.

REGION MOUNTAIN STATES

CYCLE RM 00032 5/71
(Triennium)

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
DEVELOPMENTAL				$ 71,000	$ 71,000	$ 23,927	$ 94,927
CORE	$1,222,583				1,222,583	248,682	1,471,265
#2R		$149,647			149,647	26,508	176,155
#3R		207,172			207,172	64,400	271,572
#5	---				---	---	---
#6	---				---	---	---
#7	97,500				97,500	27,264	124,764
#8	82,402				82,402	12,536	94,938
#9	63,700				63,700	13,480	77,180
#10	18,500				18,500	1,348	19,848
#11	96,887				96,887	21,072	117,959
#12	92,614				92,614	9,261	101,875
#13	82,275				82,275	34,711	116,986
#15	94,521				94,521	32,500	127,021
#16				49,400	49,400	*	49,400
#17				58,900	58,900	*	58,900
#18				78,000	78,000	*	78,000
#19				50,000	50,000	*	50,000
#20				62,441	62,441	*	62,441
#21				40,000	40,000	*	40,000
TOTAL	$1,850,982	$356,819		$409,741	$2,617,542	$515,689	$3,133,231

BREAKOUT OF REQUEST 06 PERIOD

RM 00032 5/71

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
DEVELOP.				$ 71,000	$ 71,000	$ 23,927	$ 94,927	$ 213,000	$ 284,781
CORE	$1,276,129				1,276,129	264,819	1,540,948	3,657,821	4,404,747
#2R		---			---	---	---	298,229	350,352
#3R		$207,172			207,172	64,400	271,572	621,516	814,716
#5	---				---	---	---	76,177	76,177
#6	---				---	---	---	166,271	182,792
#7 (6 mos.)	48,250				48,250	13,632	61,882	237,021	302,669
#8	---				---	---	---	158,470	181,922
#9	---				---	---	---	134,437	161,121
#10	---				---	---	---	51,843	55,550
#11	108,459				108,459	23,706	132,165	294,601	359,992
#12	97,166				97,169	9,716	106,882	278,607	306,466
#13	85,860				85,860	36,084	121,944	245,443	348,877
#15	98,407				98,407	34,464	132,871	287,748	384,595
#16				110,285	110,285	*	110,285	159,685	159,685
#17				70,800	70,800	*	70,800	129,700	129,700
#18				100,000	100,000	*	100,000	178,000	178,000
#19				70,000	70,000	*	70,000	120,000	120,000
#20				92,800	92,800	*	92,800	155,241	155,241
#21				50,000	50,000	*	50,000	90,000	90,000
TOTAL	$1,714,271	$207,172		$564,885	$2,486,328	$470,748	$2,957,076	$7,553,810	$9,047,383

* Indirect costs are not estimated at this time.

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM
RM 00032 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommends approval of triennial funding to include the developmental component at the following direct cost levels:

Year	Request	Recommended
04	$2,449,940	$1,741,000
05	2,617,542	1,511,000
06	2,486,328	1,366,000
Total	$7,553,810	$4,618,000

No renal activities were proposed.

CRITIQUE: Two members of the site visit team presented findings from the March 8-9 site visit which was held in Boise, Idaho and Reno, Nevada. The Boise portion of the visit was devoted to study of the organization, progress, and future plans for the Mountain States RMP as a whole, while the Reno portion of the visit was concentrated on plans for a proposed Nevada RMP, separate from the Mountain States Program.

The team learned that the RMP has developed an effective network for health planning in the four-state area. Several of the operational projects have been outstanding in promoting better patient care services. The Regional Director has successfully recruited and retained excellent Core staffs.

Subregionalization has been effected through the establishment of the four-state office, while the regional headquarters at Boise has been instrumental in seeding effective program activities throughout the Region. The RAG has been reorganized from an original group of 160, to a more manageable and effective number of 26. However, the present membership is too heavily weighted toward physicians; the RAG needs to be broadened with Allied Health and consumer representatives. Both the RAG and the State groupings of practicing physicians and nurses, community hospitals, voluntary and official health agencies appear to be well versed on the needs for priority setting and decision making.

Core staff has been instrumental in initiating a number of community activities in priority areas. The team felt the Region is able to accept responsibility for developmental funding.

The team also reported that the move toward separate RMP status by Nevada appeared to be very amicable. Both WICHE, the grantee

organization, and the Mountain States staff appear ready to assist Nevada in its next steps; the RMP has been a positive resource in the development of the new medical school in Nevada. The separation issue will be fully explored in the next year. The reviewers agreed with the site team's recommendation that a dialogue begin with all interested parties--representatives from Boise, Boulder, Reno and the RAG--to explore means of accomplishing mutually acceptable solutions to all issues involved with autonomy for Nevada as a separate RMP.

The Committee concurred with the site visitors' recommendations regarding the approval of developmental component funding and three-year support for the Region. The Committee noted that the continuing education programs in the four states need better coordination and that RMP support for the Mountain States Tumor Institute should be limited to two more years. The Region should also be advised to broaden its RAG membership.

RMPS/GRB/4/26/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 16, 1971

Reply to
Attn of:

Subject: Mountain States (WICHE) Site Visit

To: Harold Margulies, M.D.
Acting Director
Regional Medical Programs Service
Through: Sarah J. Silsbee
Chief
Grants Review Branch

This is a "mini" site visit report to give you a very general and condensed impression of the region's present status. The team was composed of the following members:

Clark H. Millikan, M.D., Chairman
Henry Lemon, M.D.
Willard A. Wright, M.D.
Miss Dorothy E. Anderson, R.N.
Herbert B. Pahl, Ph.D.
Jessie F. Salazar
Miss Elsa J. Nelson
Rodney Mercker
Richard F. Clanton, JR.
Daniel P. Webster

The first day, March 8, was spent in Boise, with all four state offices and the regional Core staff and WICHE represented by Dr. Kevin Bunnell, from WICHE, who is the Coordinator, and Mr. John Staley, the Fiscal Management Officer. Dr. Popma serves as Regional Director. Dr. Bunnell discussed the relationship of the MS/RMP to WICHE, which is the grantee organization. WICHE has provided the cohesiveness and sound fiscal management to the region, and in addition, filled the role of "center of excellence" which did not exist in any of the four states prior to RMP. While the WICHE Commission (39 members) has overall power to criticize, and even reject, program suggestions, there is no evidence that there has been any conflict produced by this authority.

The RAG has been reorganized, from an original group numbering about 160, to a more manageable and effective size. The Group needs strengthening to include a representative of a labor union, minority group or someone who would be considered an "average" consumer. The new Chairman is Executive Director of Wyoming Blue Cross-Blue Shield.

Sub-regional development is progressing. An example of this is the Montana and Educational Foundation which was funded by Project #5, July 1, 1969. The Foundation has a Board of 13 members which has produced 81 separate educational programs, attended by 3,600 individuals. Currently the Board is reviewing priorities of this organization; looking at problems related to the need for health manpower development and how this might be expedited. They may explore prospects of becoming more active in the development of HMOs.

Dr. Grizzle (Wyoming) reported that through MS/RMP's efforts in sub-regionalization, a new record system was developed at the Big Horn Hospital which is now being extended to other hospitals in the area. Also, the University of Wyoming has now taken over the responsibility for the communication network originally developed by RMP.

The Mountain States Tumor Institute in Boise treated 770 patients last year, and the estimate is for about 1500 patients for Idaho alone in the current year. The team made some suggestions to be relayed to St. Luke's Hospital Board of Trustees for diversifying its funding sources. The site team visited the new facility which will soon be ready for occupancy.

MS/RMP has wisely concentrated on objectives via their projects which were capable of accomplishment and have led to formation of "contact points" throughout the four States. They should probably now direct their attention to the design of other programs which may be introduced into the already established system.

The site visit team addressed the question of administrative methods for priority setting and decision making in terms of program content, budgetary considerations, etc. The team learned that an Executive Committee, working with the RAG will work out recommendations for budget cuts, and each State sub-region will also develop its recommendations.

The two sets of recommendations will be negotiated into one list which will be reviewed by the Executive Committee. If necessary, it will be considered by each sub-region again, and thence to the RAG for final action.

The team was assured that MS/RMP fully understands that the RAG carries the responsibility for the important concept of priority setting and decision-making. Also, practicing physicians and organized medicine, community hospitals, voluntary and official health agencies are playing a significant role in the four-state program. Participation and involvement of nursing professionals is extensive. There is ample evidence that Core activities have resulted in action-oriented planning, particularly in local level community organization and planning, i.e., CHP and Model Cities.

The second day (March 9) was spent in Reno, at the University of Nevada. To quote Dr. Millikan, if there had been a big bonfire going (for separation), it had been dampened considerably before the confrontation with the visiting team. Dr. George Smith, Dean of the School of Medical Sciences, was Chairman. Although Dr. Smith delineated about eight reasons for Nevada's wish to become an autonomous RMP, there was no real description on his part, or others who spoke for the Nevada group, of what would be done differently if they were independently organized. The Nevada group appears to be quite far away from the development of a concept of the necessary organizational structure, objectives, etc., in terms of local capability. In other words, there was conclusive evidence that planning has not proceeded very far. The presentation in Reno was a most interesting description of educational opportunities in Nevada, both at an undergraduate level and the new two-year medical school. BUT, there was no definition of the roles to be played by the "Nevada Regional Medical Program."

Doctor Fred M. Anderson, Member of the Board of Regents, University of Nevada and Commissioner from Nevada to WICHE, as well as Member of the Nevada Section of MS/RMP RAG, reported that statewide elements favor autonomy as soon as feasible for Nevada. He suggested as one possiblity, an affiliation agreement with WICHE on an interim basis to benefit from WICHE's expertise in planning, while Nevada continues to plan for full autonomy with the University as the grantee.

Doctor Pahl discussed briefly the "transition scheduling", in terms of a target date for separation and referred to timing factors in line with preparation of new applications, review cycles, etc. The suggestion was made that perhaps a small group which would be representative of WICHE, MS/RMP and Nevada could meet to work out a plan of procedure, which, in turn could be presented for National Advisory Council consideration and advice.

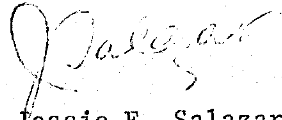
Dr. Millikan pointed out that the split in South Dakota and Nebraska was not viewed by RMPS and the N.A.C. as a precedent upon which Nevada (or any other region) could build its case for secession. Each is a distinct phenomena and with many differences readily apparent. He was complimentary to the Nevada and to the MS/RMP representatives in its desire for orderly procedures in steps to establish autonomy. He emphasized the need for an organizational matrix to stimulate staff inter-relationships and provide the environment for a series of dialogues. This should include, of course, identification of the requirements of WICHE and give due consideration to needs of all four states.

Doctor Bunnell, in stating WICHE's position in the Nevada separation expressed the opinion that all of the points raised by Nevada are resolvable, but, mutually beneficial resolutions will have to be negotiated with representatives of Reno, Boise and Boulder. Results must be beneficial to all concerned.

The team discussed very briefly the effect of the cut in funds to the overall program, but did not specifically pin down items for such cuts. Doctors Popma and Gerdes listed a number of areas where reductions would not result in appreciable damage to the program.

The region has exhibited expert know how in developing an effective network for health planning in this large four state area. The Regional Director has been successful in recruiting and retaining an excellent Core staff. The site visitors noted that sub-regionalization through the establishment of four state offices, plus the regional headquarters office in Boise entails considerable expense. There was agreement, however, that this cost is justified when one considers the significant impact of this means of distributing RMP activities to many communities of varying size throughout the four states.

The consultants recommended approval of the Developmental Component in an amount to be commensurate with pending overall budget negotiations.



Jessie F. Salazar
Public Health Advisor
Grants Review Branch

A Privileged Communication
RM 00032

SITE VISIT REPORT
MOUNTAIN STATES REGIONAL MEDICAL PROGRAMS

March 8-9, 1971

SITE VISITORS

Clark H. Millikan, M.D., Chairman, Consultant in Neurology, Mayo Clinic, Rochester, Minnesota, Member, National Advisory Council

Henry M. Lemon, M.D., Professor of Medicine, Nebraska Medical School, University of Nebraska, Omaha, Nebraska, Member, Review Committee

CONSULTANTS

Willard A. Wright, M.D., Director, North Dakota RMP, Grand Forks, North Dakota

Dorothy E. Anderson, R.N., M.P.H., Assistant Coordinator, Community Programs, California RMP Area V, Alhambra, California

REGIONAL MEDICAL PROGRAMS SERVICE STAFF

Herbert B. Pahl, Ph.D., Acting Deputy Director, RMPS
Jessie F. Salazar, Public Health Advisory, Grants Review Branch
Elsa J. Nelson, Specialist for Program Development, Continuing Education and Training Branch
Rodney Mercker, Grants Management Officer, Grants Management Branch
Richard F. Clanton, Jr., Operations Officer, Regional Development Branch
Daniel P. Webster, Regional Office Representative, Region VIII

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM STAFF

Alfred M. Popma, M.D., Regional Director, Boise, Idaho
John W. Gerdes, Ph.D., Deputy Director, Boise, Idaho
Kevin P. Bunnell, Ed.D., Coordinator, Boulder, Colorado
Laura C. Larson, R.N., M.A., Coordinator of Nursing and Allied Health, Boise
Charles E. Smith, Ph.D., Coordinator Planning and Development, Boise
Mrs. Helen Thomson, Coorinator of Information, Boise, Idaho
Fred O. Graeber, M.D., Director, Idaho Subregion, Boise, Idaho
Sidney C. Pratt, M.D., Director, Montana Subregion, Great Falls, Montana
Joseph B. Deisher, M.D., Director, Nevada Subregion, Reno, Nevada
Claude O. Grizzle, M.D., Director, Wyoming, Subregion, Cheyenne, Wyoming
Donald Erickson, M.A., Educational Specialist, Wyoming Subregion, Cheyenne
Mrs. Helen Alexander, Assistant Director for Administration, Montana Subregion, Great Falls, Montana
Louise Alcott, R.N., Assistant Director for Administration, Nevada Subregion, Reno, Nevada
Wilma Frederickson, Staff Associate, Nevada Subregion, Reno, Nevada
Bette Jean Tranum, Administrative Secretary, Boise, Idaho
John Staley, Administrative Services Officer, Boulder, Colorado

REGIONAL ADVISORY GROUP

Arthur R. Abbey, Chairman, RAG; Executive Director, Wyoming Blue Cross/ Blue Shield; Cheyenne, Wyoming
Laura O. Walker, Ph.D., Vice-Chairmn, RAG, Head, School of Nursing, Montana State University; Bozeman, Montana
Charles A. Terhune, M.D., Immediate Past Chairman & current member, RAG; Practicing Physician, Burley, Idaho

WICHE COMMISSIONERS

Dermont Melick, M.D., Chairman, WICHE Commission Regional Programs; Coordinator, Arizonza RMP; Professor of Surgery, Arizona College of Medicine; Tucson, Arizona
Thomas Tucker, Ed.D., WICHE Commissioner: Chairman, Department of School Administration & Supervision, University of Nevada; Reno, Nevada
Juanita White, Ph.D., WICHE Commissioner; Nevada State Representative; Boulder City, Nevada
Fred M. Anderson, M.D., WICHE Commissioner; Practicing Surgeon; Board Regents, University of Nevada; Reno, Nevada

OTHERS

Loryn A. Kopan, Administrator, Veterans Administration Center; Ex officio Member, Regional Advisory Group; Boise, Idaho
E. E. Gilbertson, Administrator, St. Lukes's Hospital; Boise, Idaho
Maurice M. Burkholder, M.D., Practicing Physician; Boise, Idaho
Ronald Koons, M.D., Head, Radiation Therapy, Mountain States Tumor Institute, St. Luke's Hospital; Boise, Idaho
Ray Cottner, Assistant Administrator, St. Luke's Hospital; Boise, Idaho
Shirlee Koons, R.N., Nurse Coordinator, Mountain States Tumor Institute St. Luke's Hospital; Boise, Idaho
Marie Crisp, R.N., Chief Technologist, Mountain States Tumor Institute Boise, Idaho
George Baker, M.D., Member, Core Committee for Mountain States Tumor Institute, Practicing Physician; Boise, Idaho
Glenn Talboy, M.D., Member, Core Committee for Mountain States Tumor Institute; Practicing Surgeon; Boise, Idaho
Verne Reynolds, M.D., Member, Core Committee for Mountain States Tumor Institute: Practicing Gynecologist; Boise, Idaho
Alfred Stone, M.D., Member, Core Committee for Mountain States Tumor Institute; Chief, Department of Radiology, St. Luke's Hospital; Boise
John Edwards, M.D., Practicing Physician; Idaho State Representative; Council, Idaho
Kay Ortman, R.N., Recent Graduate, Stanford University Nurse Clinician Training Program; Cambridge, Idaho
Ethelda Thelen, R.N., Program Coordinator, Continuing Education for Nursing Nevada; Reno, Nevada
George Smith, M.D., Practicing Physician; Dean, Medical School, University of Nevada; Reno, Nevada

OTHERS (cont.)

Thomas S. White, M.D., Practicing Physician; Member Regional Advisory Group; Boulder City, Nevada
Richard Licata, Ph.D., Professor of Anatomy, University of Nevada; Member Regional Advisory Group; Reno, Nevada
Marjorie J. Elmore, Ed.D., Head, Orvis School of Nursing, University of Nevada; Member Regional Advisory Group; Reno, Nevada
Dean Fletcher, Ph.D., Professor of Cancer Research, University of Nevada; Reno, Nevada
David Brandsness, Administrator, Sunrise Hospital; Member Regional Advisory Group; Las Vegas, Nevada
Hugh Collett, M.D., Practicing Physician; Elko Nevada
N. Edd Miller, Ph.D., President, University of Nevada; Reno, Nevada
Verlyn Elliott, M.D. President, Nevada Medical Society; Fallon, Nevada

INTRODUCTION: The first day of the site visit was spent in Boise, with all four-state offices and the Regional Core Staff and WICHE represented. Dr. Kevin Bunnell discussed the relationship of the Mountain States Regional Medical Program to WICHE, the grantee organization. WICHE has obviously provided the cohesiveness and sound fiscal management to the region, and in addition, filled the role of "center of excellence" which did not exist in any of the four states prior to RMP.

REGIONAL ADVISORY GROUP: The RAG has been reorganized, from an original group of about 160, to a more manageable and effective number of 26. The site team felt that this is a much more realistic and workable group, and in accord with the previous site visit recommendations. However, the team found the Group to be largely weighted with medical people and generally inadequate in allied health and consumer interests. There was almost unanimous agreement that the Group will be strengthened and enriched by including representatives of labor, minorities or other "average" consumers. The new RAG Chairman is Executive Director of Wyoming Blue Cross-Blue Shield.

The recently inaugurated review procedures developed for the RAG seem to be quite comprehensive and workable. These should benefit also by greater input from the broadening of membership referred to above.

GOALS, OBJECTIVES AND PRIORITIES: There was nearly uniform agreement from the site visitors that the goal of improving the health care of the largely rural residents of the four-state area was the most over-riding of the four that are stated. The goals of manpower development and health center development appear subordinate to these. The region seems to have very adequately assessed its needs, problems and resources; objectives and goals are congruent with national priorities. To some extent, funding of operational programs to date appear to have been developed with political considerations in mind to give each one of the states some share in activity, This seemed to the team an entirely reasonable and necessary consideration.

ORGANIZATIONAL EFFECTIVENESS: Dr. Popma, the Regional Director, has served in an outstanding manner as a result of his broad experience and involvement with Regional Medical Programs on a national level, and his keen sense of the qualifications required by his organization. The team agreed that the Core staff, which reflects a broad range of professional and management competence in all areas is highly effective. Noted particularly was the management and fiscal responsibility, which falls under the purview of WICHE. One of the strongest features of the MS/RMP organization is the sub-regional activity, which seems to be proceeding well, especially in Wyoming, Montana and Idaho. Nevada was considered to be somewhat less well developed in this regard, possibly due to its greater distance and isolation. While sub-regionalization appears expensive, it has proved important in maintaining liaison throughout the four-state area, and as a framework for future development in improved patterns of medical care. The grantee organization (WICHE) traditionally embodies an even larger number of western states for educational purposes, which has strengthened this aspect

of MS/RMP. The site team was unable to determine the real extent of relationships with Comprehensive Health Planning on either the A or B levels. Indeed, the team did not glean any positive impressions of CHP activities in any of the four states.

Regional resources are well utilized in all four states. There was feeling, however, that lacking is an involvement in non-government and private industrial interests, i.e., the copper companies in Montana and the Boise-Cascade Corporation in Boise. These might prove to be an excellent source of lay individuals, who can serve an effective role in health planning.

Practicing physicians and organized medicine are significantly supporting and participating in the program. Many community hospitals, including their boards and staffs are firmly committed and involved. The involvement of nursing professionals is extensive. In general, there seems to be satisfactory political and economic interaction in the MS/RMP. One interesting development is WAMI, a program emanating from the University of Washington School of Medicine, aimed at increasing the output of physicians by getting peripheral educational and community health facilities personnel involved in the training of doctors. Idaho and Montana are actively involved in this plan.

ASSESSMENT OF NEEDS, PROBLEMS AND RESOURCES: The site team felt that these have been adequate in most respects, but planning appears to have been limited to the immediate future. For instance, in the Mountain States Tumor Institute program, (based in St. Luke's Hospital), it was clear that planning has thus far been rather limited in scope, that the full scientific potential of the enterprise has not been planned for, and as yet no formal linkage to a state college unit has been developed. This would provide the avenue for educational funding, which will be needed to make the Institute a real community asset. It was suggested that an exploration of an affiliation with the Boise State College might lead to development of a School of Allied Health based at St. Luke's and St. Alphonso Hospitals. The team also recommended that the Board of St. Luke's consider the development of a Scientific Advisory Committee, with thought given to planning for other medical disciplines. It was noted that there is a very excellent surgeon engaged in a large volume of angiography in Boise, and also that 75% of the 150 practicing physicians in Boise are specialists. In time, the Mountain States Tumor Institute could become a multicategorical health resource. The team also suggested that cancer center planning grant, or other federal support, should be explored with the National Cancer Institute.

PROGRAM ACCOMPLISHMENTS: Outstanding is the impressive coronary care training program in the Montana area, and the nucleus of an excellent cancer care activity in the Mountain States Tumor Institute in Boise. Further, RMP outreach to selected communities in developing the nurse practitioner program through a realistic method of obtaining individuals who can contribute to local health care is representative. Also, there is evidence of adequate surveillance of ongoing activities via the sub-regionalization network. This shows great promise for future

development, particularly in rural health care if the Core staff sub-regionalization organization is preserved. The nurse practitioner program will need to develop its own training program in view of the discontinuance of Stanford's.

The visitors believed that operational programs developed in this region have faithfully reflected the region's initial objectives of improving postgraduate educational availability for practitioners by bringing the program to medical and nursing practitioners. Missing, as far as could be determined by the team, is dental or allied health training on a continuing basis. These efforts have been intermittent.

The postgraduate educational activities appear to be quite diverse and fragmented throughout the states, and rather loosely coordinated by the regional office. These programs have been expensive in terms of travel funds and consultant fees. However, evaluation of the impact of some of these activities, particularly the coronary care program, has indicated positive results. This has been particularly notable in small community hospitals in influencing physicians' and nurses' coronary care procedures.

The MS/RMP realizes that it is now moving beyond the phase of postgraduate training and is beginning to think about the generation of new manpower. The region is faced by the necessity for major cuts in the approximately $800,000 of the continuing education request. While such programs have strengthened the image of Regional Medical Programs throughout the four states, they have also been an excellent proving ground to many health professionals in the four states for what can be accomplished through future cooperative efforts.

There was concern on the part of the site visitors that in planning for present and future operational activities, Stroke has almost been completely by-passed. The team expressed the hope that in due course this omission can be alleviated.

The expanded Mountain States Tumor Institute facility, already referred to above, will be in operation later this year. The planning for this facility has been excellent and includes prospects for ten stories to be constructed atop the present basement level unit. The MSTI is seeking the services of a radiotherapist, a chemotherapist, a physicist, a social worker and technicians. The Institute is beginning to break even in terms of fees and grant funds. In 1970 there were 300 new radiotherapy cases, 400 chemotherapy patients and 70 old cases, all of whom paid fees. The new patient load that is anticipated with the opening of the new facility is 700. The hospital board's failure to think in somewhat broader terms of a future, multicategorical facility has already been referred to under Assessment of Needs, Problems and Resources. The site team emphasized that the hospital board should think about developing a Scientific Advisory Committee which could, in turn, broaden the horizon for the Institute and develop into a major health resource, not only in cancer, but in cardiovascular and neurological diseases as well.

The influence of Regional Medical Program activities is quite evident in the Nevada area, largely due to the interest of the Reno physicians and the development of the new medical school. This is most apparent in planning for the training activities of the school.

The team was interested to hear from the Deputy Director that he viewed the lack of a medical school in the region as one thing that has influenced the emergence of interaction of local talent in a manner that might not have evolved if medical school leadership had been available.

The Montana Medical and Educational Foundation (Project #5) was funded July 1, 1969. It is directed by a Board of thirteen members which has produced 81 separate educational programs, attended by 3,600 individuals. The concept provides a multidisciplinary approach to continuing education for all health professionals. With funds expiring in March 1972, the RAG is now studying ways and means of attracting other resources, perhaps by providing some service as well as educational functions. Long-range plans for the program, which now crosses state lines into Idaho, Montana, Wyoming and North Dakota . Eventually it will move into existing or future university systems. Also under consideration is the prospect of becoming more active in the development of HMOs.

The site visitors were interested to learn that the University of Wyoming has now taken over the responsibility for the communication network originally developed by RMP. Also, through RMP impetus, a new record system was adopted in the Big Horn Hospital which is being extended to other hospitals in the area.

The site team was interested to learn about the development of the Nurse Physician Assistant Program. The first registered nurse to be trained will practice in the Cambridge, Idaho community which is presently served by two physicians and covers a radius of 200 miles. The Nurses Association was active in developing the legal instrument--the Nurses Practice Act--which was spearheaded by Doctor John Edwards, a member of the Idaho State Legislature.

Out of 66 physicians contacted personally, and 132 physicians (from a total of 198) who returned the questionnaire, 10 expressed the desire to have a Registered Nurse Assistant. Although this would appear to be a low figure, the team felt that acceptance of the concept in this area is more significant. Nurses are really doing patient work with only somewhat distant supervision. Also, it was noted that liability insurance covering practice activities for participating physicians is continuing without an apparent increase or mark-up in premiums.

Planning discussions are underway with the University of Washington leading to participation by Idaho and Montana in WAMI(Washington-Alaska-Montana-Idaho). This experimental program proposes regionalization through training by the University of Washington School of Medicine of medical students, interns and residents in the

states of Alaska, Montana and Idaho. Communities will be chosen by the University of Washington, based on existing local resources and manpower. In the state of Idaho a series of seminars involving the Medical Association, CHP, the Advisory Committee to the State Board of Education, RMP and others, is seeking the means for establishing an administrative base to relate to WAMI.

EVALUATION

While the application did not give specific details about Evaluation methods, the team was unanimous in the impression that, under very capable direction, evaluation for the program is of very high quality. The results thus far have been project, rather than program oriented. Also, the team recommended that the assessment of the overall program would be strengthened by increased participation of consumer groups and allied health representatives. Since the evaluation mechanism is quite new, there was not, as yet, evidence of a strong feedback method to relate program and project evaluation to the Regional Advisory Group. It was agreed, however, that this will doubtless be a very real part of the upcoming reappraisal of use of reduced funds in the forthcoming Triennium. The data presented to the site team is comprehensive and indicates practical applications and accomplishments in a short period of time. The feedback for improvement in programming is receiving attention. There is in operation now a computer print-out, a common registration form, a quick response scheme, a satisfactory questionnaire, etc.

WICHE AS THE GRANTEE

In addressing the question, "WICHE--What is it?", Doctor Bunnell explained the functions of the three programming divisions of WICHE: (1) planning and management systems, (2) mental health, and (3) general "regional" programs such as Regional Medical Programs, student exchange, etc. WICHE as the "backdrop" for the Mountain States RMP seems to be a reasonable and functional organization, mainly because WICHE was already regional in concept. It was organized to serve an educational function, and through the Faulkner Report, had identified the need for a 'regional' medical school. Finally, it provides strong management expertise. WICHE is committed to the sponsorship of a strong Regional Medical Program and provides the MS/RMP with an amicable, historical and mutually beneficial background for program goals.

Doctor Bunnell responded to the question of the future role of WICHE in Regional Medical Programs with a statement concerning new thrusts for RMP away from Continuing Education to new roles, such as development of Health Maintenance Organizations.

NEVADA AS A SEPARATE REGIONAL MEDICAL PROGRAM:

This portion of the site visit took place in Reno, the location of the new School of Medical Sciences, University of Nevada. The site team had previously identified several concerns about the request from Nevada for separation. These were discussed in a friendly and responsive manner.

Doctor George Smith, Dean, outlined about eight reasons for Nevada's wish to become an autonomous RMP: Nevada feels it is capable of assuming its own leadership role; they need the authority to assume better local control; an independent Nevada RMP would decrease intermediate levels of bureaucracy (Washington-Boulder-Boise-Reno); better utilization of their own facilities and personnel would be possible; more effective coordination of overlapping Regional Medical Programs activities (Intermountain, Mountain States, Davis, Loma Linda) would be possible; development of local priorities would be enhanced; as would the development of new relationships with WICHE. The last point was considered somewhat irrelevant to the issue of a separate Regional Medical Program for Nevada. Indeed, there was no real description on the part of spokesmen for the Nevada group of what would be done differently if they were independently organized. The Nevada group appears to be a long way from the development of a concept of the necessary organizational structure, objectives, etc., in terms of local capability. The presentation was a most interesting description of educational opportunities in Nevada, both at an undergraduate level and the new two-year medical school. However, there was conclusive evidence that planning for a new Regional Medical Program has not proceeded very far. Neither was there a definition of its role in the new School of Medical Sciences.

Doctor Fred M. Anderson, member of the Board of Regents, University of Nevada and Commissioner from Nevada to WICHE, as well as Member of the Nevada Section of MS/RMP RAG, reported that statewide elements favor autonomy as soon as feasible. He suggested as one possibility, an affiliation agreement with WICHE, on an interim basis, to benefit from WICHE's expertise in planning, while Nevada continues to plan for full autonomy with the University of Nevada as the grantee.

Dr. Elliott, who represented the State Medical Society, spoke about interrelationships at the state level which could be strengthened through an autonomous RMP--the Department of Health, State Medical Society and the School of Medical Sciences.

An attempt was made to get an understanding of the "administrative stumbling block" which now prevents smooth and workable relationships with WICHE through the existing RMP structure. It was learned that no definite time has been set for Nevada's separation; the local group appears unanimous in its desire to withdraw from the four-state area. At the same time, the retirement of Dr. Popma later this year and the recent appointment of Dr. Joseph Deischer as State Director for Nevada, may influence the timing of autonomy for Nevada.

The Chairman of the site team expressed appreciation for the posture of Nevada in its flexibility of timing for autonomy and its constructive attitude about a separate Regional Medical Program. He referred to a planning application which would represent the organizational structure for such autonomy and outlined the objectives, which ideally, such an application should incude. First, there should be a definitive design for the RMP in terms of local capabilities and commitments. Also, a full description of a Nevada Regional Medical Program will be required by all reviewers and the National Advisory Council. Consideration must be directed toward all health interests - professional and voluntary organizations, hospital interests, desires of practitioners, etc. All will need to be weighed, and hopefully, a "blueprint" for a new Regional Medical Program will emerge. This will require many months of study and preparation.

The site visitors discussed the "transition scheduling" in terms of a target date for separation, and the timing factors in line with preparation of new applications, review cycles, etc. The team suggested that perhaps a small group, which would be representative of WICHE, MS/RMP and Nevada, could meet to develop a plan of procedure, which in turn, could be presented for consideration of the Review Committee and the National Advisory Council.

The Chairman also pointed out that the split in South Dakota and Nebraska was not viewed by RMPS and the NAC as a precedent upon which Nevada (or any other region) could build its case for secession. Each case is a distinct phenomena and with many readily apparent differences. Nevada was complimented on its obvious desire for orderly procedure in the steps to establish autonomy. However, the need for an organizational matrix to stimulate staff inter-relationships was emphasized in order to provide an environment for a series of dialogues. This should include, of course, identification of the requirements of WICHE as well as give due consideration to the needs of all four states.

Doctor Kevin Bunnell in stating the position of WICHE, expressed the opinion that all of the points raised by Nevada for becoming independent, are capable of solution. He also pointed to the necessity of achieving mutually beneficial resolutions which will have to be negotiated with representatives of Reno, Boise and Boulder.

REDUCTION IN PROGRAM FUNDS

The site team was naturally concerned about the administrative format for setting priorities and decision-making within the present budgetary restrictions. Regional representatives pointed out that the Executive Committee, working with the MS/RMP RAG, will develop recommendations for cuts. In turn, the four-state Core staffs will develop their recommendations, and a combination of the two sets will be formed. These will again be reviewed by the Executive Committee, and if necessary, by each State Advisory Group. After full agreement, the list will be presented to the RAG which has authority for final decisions.

The regional priority system will be utilized in developing plans for phasing out, termination, cut-backs, etc. of existing programs. An attempt will be made to maintain program viability in all four states.

A number of economies can be effected in travel, meetings, elimination of RMP funds for the Cancer Registry after December 1, 1971, consolidation of fragmented training programs below the eight current ones, exploration of a variety of ways to assure that the Mountain States Cancer Institute would not need to receive significant funding beyond two years from now, etc.

The MS/RMP hopes to effect such reductions in line with recommendations of the site team, particularly as regards the design for a transition from coronary care-intensive care activities to other broader concepts for RMP, utilizing such facilities and personnel to a maximum extent.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

1. The region exhibited expert know how in developing an effective network for health planning in this large four-state area. The Regional Director has been successful in recruiting and retaining excellent Core staffs. Sub-regionalization through the establishment of four state offices, plus the regional headquarters office in Boise, although expensive, is justified when one considers the significant impact of this means of distributing Regional Medical Program activities to many communities of varying size throughout the four states. The Core staff should be encouraged to continue to plan, develop and implement new patterns of health services.

2. A real achievement for RMP is the emergence of the School of Medical Sciences in Reno, undoubtedly due to RMP influences in that area. The next few years will be critical in its development and the region was cautioned that RMP has never been viewed as the mechanism for support for medical schools or undergraduate training.

3. The MS/RMP needs to direct its attention to better coordination of Continuing Education Programs. One means of accomplishing the reduction of such fragmentation would be by the development of a multi-disciplinary (involving all health professionals) approach. This should focus on comprehensive patient care instead of the professional disciplines involved, and develop into a team approach for continuity of patient care as well. This should afford a more economical and effective continuing education program, with improved utilization of manpower.

4. RAG membership needs broader representation.

5. The Mountain States Tumor Institute should attack its needs in grantsmanship without further delay, in line with previous details. It was agreed that RMP support for this activity should be limited

to two more years. In developing the Scientific Advisory Committee: at St. Luke's, consideration should be given to the inclusion (perhaps by means of consultants or sub-committees) of other health disciplines, such as nurses, educators, physical therapists, social workers, etc. This will assure that planning will be more relevant and comprehensive.

6. MS/RMP and WICHE should attempt to coordinate the current influx of health professionals into all four states.

7. There was consensus on the part of the site visitors that the mechanisms for decision-making are sound, well organized and managed. Further, the region was advised to apply the same principles and tools that have demonstrated success in order to economize on diminishing RMP support.

8. The Region has been most innovative in approaches to solving health problems. Lacking thus far are realistic thrusts in the areas of hypertension and kidney disease. These needs should be addressed in due course.

9. The separation of Nevada issue was thoroughly explored with all interests. There was agreement among the visitors that initiation of a series of dialogues should now begin with all parties represented with a view to the establishment of meaningful and mutually beneficial RMP organizations.

10. Developmental Component - Approval in amount requested - $71,000. The region is fiscally sound, mature in management, and has demonstrated responsibility in program development and decision-making to warrant the flexibility of judgement and ability to direct its own Regional Medical Programs affairs.

11. Continuation of Core staff support and all operational activities, as follows:

Project No. and Title	Request	Recommendation 04 Year	05 Year	06 Year
Developmental Component	$ 71,000	$ 71,000	$ 71,000	$ 71,000
CORE	1,159,109	800,000	850,000	875,000
#2R-Coronary Care Training	148,582	100,000	-0-	-0-
*#3R-Tumor Institute	207,172	200,000	150,000	**50,000
#5-CE for Health Prof.	76,177	70,000	70,000	***50,000
#6-Tumor Registry	166,271	100,000	-0-	-0-
#7-CE for Nursing (Nevada)	91,271	70,000	50,000	-0-
#8-Inhalation Therapy CE	76,068	50,000	50,000	50,000
#9-Cardiac Care Training (Nevada)	70,737 }	70,000	70,000	***70,000
#10-Consulting Teams (Nevada)	33,343 }			
#11-CE for Nursing (Idaho)	89,255	50,000	50,000	***50,000
#12-Coronary Care Training (Idaho)	88,827	60,000	50,000	***50,000
#13-CE for Nursing (Wyoming)	77,308	50,000	50,000	***50,000
#15-CE for Nursing (Montana)	94,820	50,000	50,000	***50,000
TOTAL	$2,449,940	$1,741,000	$1,511,000 *200,000 $1,711,000	$1,366,000

Region currently supported - $1,873,974

---

*For New Projects implementation - $200,000.
**Tumor Institute to phase out in 05-06 years.
***Recommend phasing out by 06 year to make these funds available for new programs.

RMPS/GRB/5/5/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL APPLICATION
(A Privileged Communication)

NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM
1919 Middle County Road
Centereach, New York 11720

RM 00066 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: Glen E. Hastings, M.D.

This application requests operational status and funding for the Nassau-Suffolk RMP. Prior to South Dakota's independence starting in planning, Nassau-Suffolk was the only one of 55 RMPs still in planning status.

	01	02	03	04	Total
Core	$ 451,755	$ 490,408	$ 530,043	0	$1,472,206
#1 Home Care	95,182	95,260	97,603	$72,448	360,493
#2 Stroke	72,111	94,196	118,426	0	284,733
#3 Pap Smear	95,956	105,468	106,557	0	307,981
#4 Reg. Med. Library	46,860	46,750	48,994	0	142,604
#5 Radiation Rx	27,830	19,085	19,085	0	66,000
#6 Smoking	27,910	7,050	0	0	34,960
#7 Computer Assisted Electrocardiology & Spirometry	302,632	92,576	58,788	0	453,996
#8 Training Community Health Asst's & Advocates	109,382	67,225	46,860	0	223,467
#9 Drug Info. Center	146,316	149,511	154,019	0	449,846
#10 Clinical Nurse Specialist	53,762	55,550	0	0	109,312
#11 Dial Access	37,525	38,416	39,306	0	115,247
TOTAL	$1,467,221	$1,261,495	$1,219,681	$72,448	$4,020,845

NOTE: Indirect costs allowance is not requested. Instead, 10% of direct costs are budgeted for sub-contracting with Stony Brook Foundation as fiscal agent. Fiscal fees budgeted the first year total $130,433 (Core - $40,747 and 10 projects - $89,686).

SUMMARY OF PLANNING PHASE FUNDING:

01 (8 months) 1/69-6/70	02 7/70-6/71	Total
$263,011	$350,269	$613,280

BACKGROUND: This Region encompasses Nassau and Suffolk Counties comprising 100 miles of Long Island east of Queens. The area was originally included in the Metropolitan New York Regional Medical Program. The efforts to begin a separate region began with the formation of a Advisory Medical Group in 1967. In June 1968, the Group incorporated as the Nassau-Suffolk Regional Medical Program, Inc. operating within $10,000 contributed by eight interested agencies. More than eighty organizations supported the new region in its planning. The Metropolitan New York Regional Medical Program agreed with the two counties that it was reasonable that Nassau-Suffolk Counties form a separate region having geographic capability with other major relative organizations, e.g., the Long Island Hospital and Health Planning Council; the State Health Department for CHP; the Nassau-Suffolk Regional Planning Board, financed by HUD for planning in housing, economics and educational development; and the New York State Department of Mental Hygiene. Distance and transportation posed difficulties in developing vital relationships between the counties' health professions and the metropolitan N.Y. medical centers. The new Health Sciences Center being developed at the Stony Brook Campus of SUNY had brought medical center competence directly to the N-SRMP.

The developing Stony Brook Health Sciences Center is to include Colleges of Medicine, Dentistry, Nursing and Allied Health; a School of Social Work, a Health Sciences Library; a University Hospital; and a VA Hospital. Other resources in the region include 41 hospitals, county health departments, several specialized research facilities, and the Brookhaven National Laboratory.

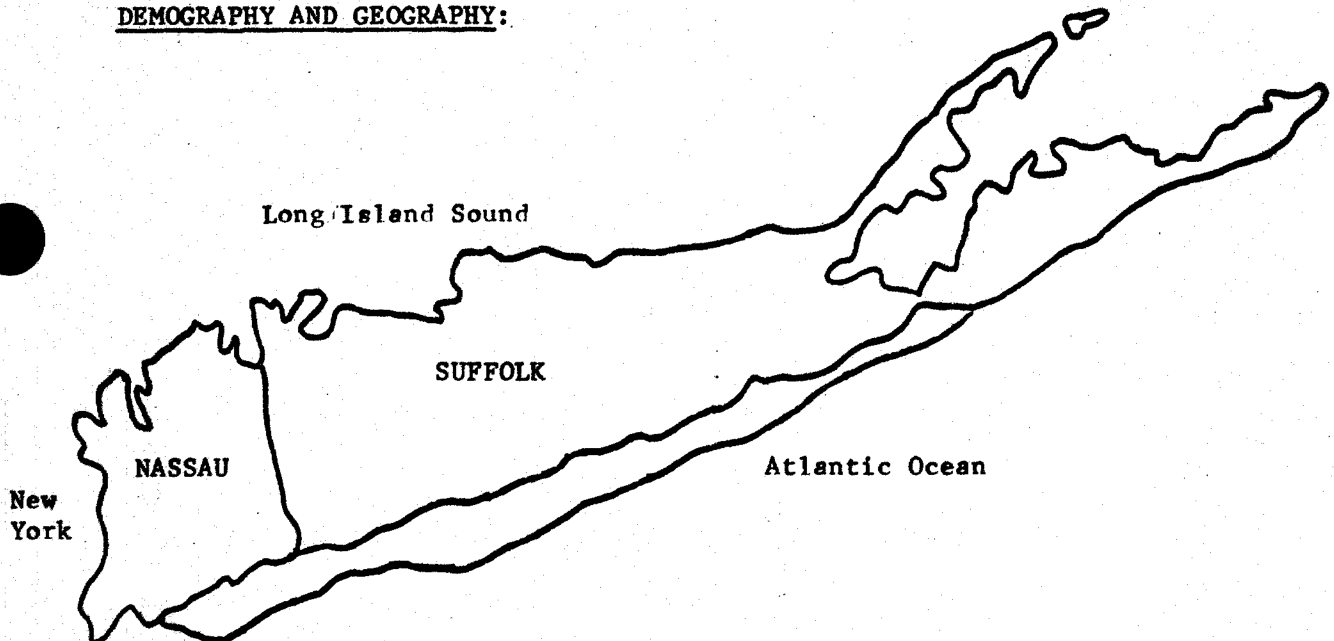
The planning application was reviewed by the Review Committee and Council in the December 1968 cycle. Planning objectives: improvement in the delivery of medical services to all people in the community; extension of professional education; increased public education and the development of more extensive research, particularly in epidemiology and etiology. The Committee believed that the regional assets compensated for the lack of specificity in the application. In response to questions raised by the Committee, the Region named previously unspecified members of the Executive Committee and added 20 non-corporate members to the RAG. Additional information about staffing patterns was also provided. Although Council had the additional information, it shared the Committee's concern about the Region's heavy emphasis on computer and epidemiological personnel. Support was approved for two years of planning beginning January 1, 1969 (01 - $223,256 and 02 - $320,024).

Because of difficulties in personnel recruitment there was little activity until the appointment of the current Program Coordinator on June 1, 1969. For this reason, the first grant period was extended from 12 to 18 months

with no additional funds. In lieu of indirect costs, the award was amended authorizing an increase of $29,755 the first period and $30,245 the second period for fiscal agent fees. The fiscal agent is Stony Brook Foundation, Inc.

The second year planning continuation application was reviewed by RMPS staff. Needed refinement of objectives and activities as outlined by the Program Coordinator's letter of October 7, 1969 were noted. Regionalized cooperative arrangements and program development had quickened with the appointment of a Program Coordinator and subsequent employment of staff. Staff agreed that satisfactory accomplishments coupled with projected activities reflected continuity and movement toward effective operational status in 1971. Of particular interest, was the link with CHP and the Long Island Health and Hospital Planning Council. The Program Coordinator heads both RMP and CHP and office space is shared. The Health and Hospital Planning Council is also considering joining the sharing of quarters.

DEMOGRAPHY AND GEOGRAPHY:



A) Population: Nassau County - 1,428,000
Suffolk County - 1,011,000
2,438,000

Urban: Nassau - 99.7%
Suffolk - 77.3%

Racial: Nassau - 97% white
Suffolk - 95% white

B) Land Area: Nassau - 300 sq. miles
Suffolk - 922 sq. miles
1,222

C) Facilities: The State University of N.Y. at Stony Brook is in the process of developing a Health Sciences Center to include Colleges of Medicine, Dentistry, Nursing and Allied Health Professions; a School of Social Work; Health Sciences Library; a University Hospital (600 beds); and a VA hospital (750 beds).

There are 41 hospitals in the region with 35,840 beds.

D) Health Manpower:

3,121 physicians (Nassau - 2106 and Suffolk - 1,015)
124/100,000
6,981 nurses (Nassau - 4,143 and Suffolk - 2,838)
280/100,000

GOALS:

The long range goals are: 1) To improve the distribution, accessibility, volume capacity, cost effectiveness, and quality of personal health services available to all residents of Nassau and Suffolk Counties; and 2) To develop mechanisms intrinsic to the health care system which will permit systematic ongoing identification and documentation of unmet health needs and the evolution of alternative solutions to meet those needs.

Immediate goals, as detailed on page 13 of the application, deal with innovations in continuing education for allied health manpower, public education and cooperative health planning.

Objectives for the first 12 months are described beginning on page 13.

PRIORITIES:

Priorities have been developed and because of their relevance to the projects discussed later in the summary are worth repeating and are appended.

Protocal for ranking projects by priority is enumerated in section II of the appendices. Each project has the porential scoring of 10 to 100 against two criteria: 1) where it falls in the Priority List; and 2) its intrinsic merit.

STRATEGY:

A multiple-leveled program strategy has evolved from the planning process. It is based upon NSRMP's general conclusion that many, if not most, of the major problems of delivering health services to victims of heart disease, cancer, stroke, renal disease, and related diseases, are not unique to victims of these afflictions, but are problems afflicting the entire health care system. Therefore, NSRMP proposes that improving services for victims of the categorical disease can best be done by addressing major flaws in the health care system itself.

"The basic program strategy of N-SRMP is to develop mechanisms within and outside of the health care system to establish and legitimatize consensus planning as a mechanism for building commitment to change parallel with the implementation of needed changes in the health care delivery system."

ORGANIZATION: Organizational structure and project review charts are appended.

The bylaws provide for two classes of RAG memberhsip, 25-100 corporate and 20-50 non-corporate. There are three minority ethnic members and twelve consumer representatives. The prescribed membership ratio is 3 corporate to 1 non-corporate. According to the rosters, the current RAG consists of 82 members (63 corporate and 19 non-corporate). The RAG meets every three months. It has responsibility for approving all contracts and applications and receiving quarterly reports from officers of all expenditures and actions undertaken by the corporation. Non-corporate members may not hold office as an officer or member of any Committee of the Corporation or the RAG.

The Board of Directors consists of 30 members representing appropriate disciplines and/or organizations described in the bylaws. At each annual meeting of the members, ten directors whose terms expire are elected for three years by the corporate members. The Board meets during at least ten months of the year and their duties include managing the business in the months intervening between RAG meetings. The Board shall also submit at each quarterly meeting of the RAG a detailed report of the Corporation's progress during the previous quarter.

The Executive Committee consists of the four officers of the Corporation and the Chairmen of the three standing committees of the Board. The Executive Committee shall conduct the affairs of the Corporation between meetings of the Board of Directors.

The officers of the Corporation (President, Vice President, Secretary and Treasurer) are elected by the RAG at the annual meeting. Candidates must be directors.

There are three standing committees of the Board of Directors. They are Administrative, Program and Evaluation, and Membership. Standing committees of the RAG: nominating and aims. Other committees (ad hoc): Health Information and Communication Systems; Cancer; Editorial and Public Relations; Education; Finance; Heart; Personnel Practices; Project Ranking; Stroke; Renal Disease; and Respiratory.

CHP and RMP staff functions have been integrated. There is a formal line organization for contacts outside of the organization; developing new staff activities and relating them to the RAG or its subsidiary group; and employee accountability and evaluation. Alternate organizational forms which allow for maximum employee participation are used for problem-solving and technical task performance. Core tasks are divided into three categories: 1) organization maintenance (41.7% time); 2) planning tasks (38.9%); and 3) project-related tasks (19.4%).

Formal geographic sub-regionalization is not planned. The rationale is that the region is small and there are rapid changes in population concentrations.

RELATIONSHIPS TO OTHER HEALTH PLANNING PROGRAMS:

The major relationship is with CHP. Eighteen members of the RAG serve on the N-SCHP Council and five are represented in executive groups of both organizations. Three CHP volunteer members serve on the RMP Aims Committee. There has been a merger of staffs, as well as Committees on Health Information and Research. Negotiations are currently under way for a total merger. There are cross reviews of projects by CHP and RMP.

N-SRMP and N-SCHP continue to explore merging with the Long Island Health and Hospital Planning Council, including office sharing. Meanwhile N-SRMP and N-SCHP review all construction applications to LIHHPC. Likewise LIHHPC staff assist in the review of RMP and CHP proposals involving construction and renovations.

RAG representatives also serve on the Suffolk Task Force on Hospitals and Health Related Activities. The Task Force, four years old, is to devise a long-term master plan for allocating public funds for health.

The Region is participating by a contractual arrangement with Harvard University Center for Medical Care and Health Services Research in a multi-regional project designed to identify useful evaluation criteria and techniques.

Relationships also exist with the New York State Health Planning Commission, H.E.W. Region II, and the Nassau-Suffolk Planning Commission.

The application includes a core staff consultative activities list of approximately 150 Agencies indicating that cooperative arrangements exist with practically all resources.

EVALUATION:

Some steps relevant to both program and project evaluation have already been taken. Several steps will provide baseline data for measuring future progress; some steps are to increase the region's acceptance and use of evaluation as part of planning; and some steps have lead directly to project proposals and future planning efforts.

The N-SRMP has studied the evaluation experiences of other regions, as well as soliciting other regions' comments on its own approach. Outside consultation is being sought as evidenced by the Region's participation in the multi-regional program evaluation through the Harvard Center.

PRESENT APPLICATION: Core support is for three years. One project is for four years, eight for three years and two for two years. A developmental component is not requested.

Each of the projects received preliminary review and comment by staff and the appropriate categorical disease, or other ad hoc committee. These reviews were made in the light of: a) assessment of the technical merits of each proposal; b) the prospects of merger with similar proposals; c) the prospect of extending the proposal's organizational base so as to develop the widest possible number of "cooperative arrangements" between different organizational groups; d) suitability of the project for funding under the guidelines of PL 89-239; e) exploration of alternative funding sources; and f) potential of the project for supporting future planning activities.

Of the original 41 project outlines submitted for the development for RMP funding, 16 were withdrawn by the project authors. The remaining 25 were reviewed by the Program and Evaluation Committee, Aims Committee and RAG. RAG final recommendations include considerations by 22 of its sub-review bodies. Only 12 projects were approved, one of which was subsequently withdrawn by the applicant. Project numbers represent their priority rank order as approved by the RAG November 12, 1970.

Requested
First Year
$451,755

CORE: The request reflects an increase of about 25%. Personnel ($302,587) includes nineteen positions all of which are filled except two. Professionals include the executive director, two assistant directors, two planning associates, one coordinator for planning and evaluation, one administrative associate, one health educator, one systems specialist, three planning assistants, and one (M.D.) coordinator for continuing education. The director and one planning assistant are paid 50% from RMP funds and 50% from CHP. Six secretaries are budgeted (4 full time and 2 part time - 130%). The amount of $40,747 (10%) is budgeted for the fiscal agent.

Core activities in the planning years have included 9 feasibility studies. Data collected include available health facilities and services in Long Island, health training programs, and geographic distribution and sociological characteristics of health professionals in the region. Unmet needs have been inventoried and objectives and priorities set.

Objectives for the first operational year: develop and secure funding for health projects which incorporate new regional cooperative arrangements and address problems of major regional importance; enhance visibility, utility and credibility of N-SRMP among both providers and consumers of health care; establish mechanisms for regional and subregional consensus planning and resource sharing both inside and outside of RMP; enhance the informational data base useful in health planning decisions; devise methods of evaluating N-SRMP's impact upon the health care system;

address directly some of the region's gaps in health care delivery and education through funding of projects in this application; enhance the level of expertise for developing innovative and effective continuing education; and further cooperative integration of N-SRMP with the activities of other planning and program development agencies. The work plan also includes a description of proposed activities.

Second year: $490,408 Third year: $530,043

Project #1 Comprehensive Home Care- The project aims at improving services to patients with heart disease, cancer, stroke and related diseases by seeking solutions to problems inherent within the health care delivery sytem.

Requested
First Year
$95,182

The project is related to the Project #2, Stroke Referral and Evaluation, in that both provide mechanisms for coordinating the services available to the chronically ill and the handicapped. The Home Care project seeks direct resolution to substantial organizational marketing problems in the delivery of home health services, while the Stroke Referral and Evaluation project serves principally as a patient protection device coordinating care of chronically disabled persons across all levels of care (hospital, ECF, home care, ambulatory care, nursing home). The Stroke Referral and Evaluation Program thus will provide a data base from which both formative and summative evaluation of the Home Care Program's effectiveness in improving patient care may be assessed.

The proposed activities of Phase I of the Comprehensive Home Care Project are to identify and seek feasible resolutions to the existing market constraints and organizational constraints limiting the delivery of comprehensive home health services. Phases II and III will establish financially self-sufficient administrative mechanisms through which home health services in Nassau and Suffolk Counties may be coordinated and integrated; through which administrative, cost accounting, and patient records keeping procedures may be standardized; and through which inefficiencies, duplication of effort, and disproportionately high administrative overhead costs may be reduced. Phase II involves pilot testing individual administrative mechanisms in selected areas and/or agencies and Phase III involves extension of successfully piloted mechanisms to all participating agencies. The project will provide an organizational planning mechanism and a systematically obtained data base from which the level of need for ancillary home health services may be documented and those services added in a preplanned, integrated fashion. The program represents the next step in the integrated planning and development of Home Health Services in the Nassau-Suffolk area which has grown from the Nassau-Suffolk Task Force on Home Health Services.

The project addresses the problem of delivering home health services in a more costs-effective manner, and of improving the availability, accessibility and volume capacity of home health services available to the residents of this region. These are priority I concerns of the Region.

The project includes an evaluation component. Also included are letters of endorsement from 23 agencies. If the project succeeds in establishing administrative means to permit greater cost effectiveness in delivering home care, it is anticipated that those administrative structures will continue indefinitely as a legitimate overhead expense for participating agencies, with the cost of the expense defrayed through conventional third party payments.

Second Year: $95,260 Third Year: $97,603 Fourth Year: $72,448

Project #2 Stroke Evaluation and Referral - This project is designed to improve access to coordination of the community resources available to stroke victims residing in Nassau-Suffolk Counties and their families. It will further document areas in which needed services are not available or accessible and the reasons behind lack of accessibility to existing resources.

Requested
First Year
$72,111

The project will provide: 1) a service function by coordinating available resources to the benefit of stroke victims; 2) an ongoing planning function through identification of existing "gaps" in services; 3) an evaluative function through sequential reassessment of the functional abilities of stroke victims; 4) an educational function through identifying areas in which informational deficiencies of health professionals may hinder the appropriate use of community resources in dealing with the problems of stroke victims and their families and through assisting in the development of "stroke census" in community hospitals; and 5) a research function through the identification of social, therapeutic and biological determinants of successful rehabilitation.

The project will pursue these objectives by augmenting an existing centralized stroke registry by instituting a system for more rapid identification of stroke victims, by providing periodic assessment of the functional capabilities and health service needs of stroke victims and providing a referral mechanism to insure that contact is initiated between each stroke victim and the agency or practitioner with skills relevant to each victim's needs. The project staff will also provide a direct educational service by assisting community hospitals in the organization and operation of "stroke teams."

Measures of the effects of therapeutic intervention, social factors, and biological determinants upon the rehabilitation potential of stroke victims will be measured in terms of death, disease, progression, disability, social disruption and professional and family satisfaction with both the services provided and the rate of rehabilitation.

At the end of the third year of RMP funding, if successful, the program, will be continued through a combination of local and state funding sources. If the project proves to be unsuccessful, it will be discontinued.

Its high priority lies in that it addresses the problem of improving the coordination and integration of existing services to a particular category of patients with important therapeutic service needs (a Priority I problem). It is aimed at improving access to available services (also a Priority I problem). It aims at improving the coordination of home health services (a Priority II problem). The present project builds upon a strong base of acceptance among the laity, among the physicians, among voluntary agencies and among health facilities, previously established through the existing stroke registry.

The project contains the potential for expansion into a regionwide patient referral and evaluation network for victims of all chronic diseases.

The program is related to project #1, Comprehensive Home Care, in that many of its patients will at one time or another be referred to one or more home health agencies.

The project is also related to the proposed educational resource designed as a core staff activity, in that it will provide data regarding educational needs of health professionals. It will also provide information regarding needed additions to the Dial Access Lecture Program.

Second Year: $94,196 Third Year: $118,426

Project #3 Development of Pap Smear and Breast Examination Para-Professional Personnel - The purposes of this project are twofold: a) to recruit, train, introduce and demonstrate the usefulness of a new type of paraprofessional health worker in the Long Island community; b) to provide mechanisms for earlier treatment of uterine and breast cancer among high risk, low income populations through improvements in case findings, public education and accessibility to diagnostic services.

Requested
First Year
$95,956

For each of three years, seven residents from a low income, predominantly black community will be recruited and trained in the techniques of: 1) procuring specimens for Papanicolaou examination by the direct cervical scope technique; 2) obtaining Papanicolaou specimens by the vaginal irrigation technique and 3) instructing other residents in the techniques of self breast examination.

The newly trained health worker will elicit public participation in the program by: 1) direct door-to-door personal contact; and 2) public appearances at community meetings.

Five of the newly trained health workers will remain in employment at the Martin Luther King Neighborhood Health Center in Wyandanch, the training and diagnostic center. Those workers trained during the second and third years will be employed at either Public Health Departments and/or voluntary health facilities in the region.

Followup care and definitive treatment of patients found to have examination abnormalities will be provided through the Martin Luther King Neighborhood Health Center and Good Samaritan Hospital.

Its high priority ranking is based upon the following considerations: 1) it is aimed at improving accessibility of a highly needed service to a low income, high risk target population lacking access to the service (Priority I); 2) it aims at improving the cost-effectiveness of health care delivery by delegating a technical skill normally performed by a physician to a non-professional worker (Priority I); 3) it provides entree into the health careers for disadvantaged recruits (Priority I).

It is also reported that the project's site is important as the expanding population of Suffolk County will probably promote rapid assimilation of newly trained health workers. The project blends with the Suffolk Health Department's plans to extend the number of its ambulatory care facilities to five low income target areas over the next five years.

The project relates to the health manpower development program presently being developed by RMP-CHP staff and Labor Department officials, local educators, and health industry employers.

Although reducing mortality from uterine and breast cancer is the major aim of the project, this goal will not be measureable due totthe lack of unreliable data and the short project tenure. The project will be evaluated in terms of achieving a projected number to be trained and screened. Two thousand women will be screened each year for uterine cancer and will have learned self breast examination. Fifteen para-professional health workers will be trained and it is anticipated that 90% will remain employed in the health field after termination of the project.

Second Year: $105,468 Third Year: $106,557

Project #4 <u>Regional Medical Library Service and Training</u> — Requested <u>First Year</u> $46,860

This project addresses the need to improve the availability, quality and techniques for use of medical library services in the region. It involves four major objectives and areas of activity:

1) the establishment of both in-service and collegiate training programs in the region for a new category of health manpower, to be called Medical Library Technician;

2) the establishment and upgrading of library resources and services available in (and to) all community hospitals in the Nassau-Suffolk region;

3) the development or expansion of hospital committees charged with continuing responsibility for hospital library and educational resources and services;

4) the establishment of a functional regional educational library and information network among all health institutions for the purpose of securing optimal availability and use of regional resources.

This project will involve all of the hospital medical libraries in Nassau and Suffolk Counties, as well as the libraries of the two county Medical Academies, and the library of the Health Sciences Center, S.U.N.Y. at Stony Brook, (where project staff will be located).

The project addresses the Priority I area of concern; the more efficient use of organization and personnel resources through improving the level of resource sharing.

The project includes an evaluation component. The Department of Library Sciences of the Health Sciences Center of SUNY at Stony Brook, the grantee, will assume responsibility for continuing the activity after cessation of the grant.

Second Year: $46,750 Third Year: $48,994

Project #5 Computerized Radiation Therapy Treatment Planning Service - This project proposes to develop a technical service providing Computerized Radiation Therapy Treatment Planning which can be utilized by hospitals of all sizes and by private medical offices concerned with radiation therapy planning in addition to the major institutions where it is now available.

Requested First Year $27,830

Nassau Hospital, Department of Radiation Therapy, will function as the central station for the project, receiving proposed treatment plans from participating hospitals or private offices by telephone or telecopier. The information will be reviewed by a physicist for the purpose of program development by a computer. Simple programs will be immediately run by the Nassau Hospital computer; complex programs will be sent by messenger to Grumman Data Systems. The completed program is to be returned to the sender within 24 hours if by telecopier, or three days if by mail.

Experience with the development of the technical phase of this program and the functional relationships which are developed among the participating institutions will determine the future of the program. It may remain limited to technical service or it may become a stepping stone towards a clinical oncology program.

The priority given to this project was based on it meeting the following needs:

(1) Priority I - Increase efficiency, coordination, cooperation, resource sharing and better referral between existing health services, professionals and agencies;

(2) Priority II - develop a shared accessible, exhaustive, and continuously current regionwide health information system composed of manpower data, availability of health service, financing data and patient-related information; and

(3) Priority III - improve the level of technical sophistication of available services.

The project is related to the development of a regionwide comprehensive cancer program as is the Pap Smear and Self Breast Examination project. It aims toward the evolution of a regionwide health information system as do the Home Care, Stroke Referral and Evaluation, Regional Library, Computerized EKG and Spirometry, and Drug Information Projects.

It is also designed so as to reveal professional educational deficits in the area of radiation therapy and thereby is related to the core continuation education development activity.

Parameters to be evaluated include the extent of utilization of the project services and the projects direct result on patient care.

It is anticipated that the project will become self-supporting by the participating institutions' purchasing its services.

Second Year: $19,085 Third Year: $19,085

Project #6 Smoker's Withdrawal Workshop - The purpose of this demonstration program is to decrease the prevalence of cigarette smoking in Nassau and Suffolk Counties. It aims at preventing the occurrence of symptomatic heart disease, carcinoma of the lung, chronic obstructive pulmonary disease, arteriosclerosis obliterans, carcinoma of the urinary bladder and other pathological conditions associated with cigarette smoking.

Requested
First Year
$27,910

The project proposes the institution of a series of "Smoking Withdrawal Clinics". The clinics would incorporate the previous experience of a wide variety of similar efforts nationwide. In addition, a number of principles drawn from the literature on behavior modification would be utilized which have not been incorporated into previous anti-smoking programs. The format was pilot tested for logistical feasibility in June and September 1970.

Observation and curriculum development personnel will participate in all sessions. Their function will be to observe, in detail, what happens during the course of each session, and to make correlations and evaluations in relation to specific techniques applied and the observable results. The observation and curriculum development personnel will meet with those conducting the course along with the participants to determine which techniques are most productive and which are not. Succeeding workshops will then be altered as new experience is gained through the results of the ongoing evaluation conferences.

Participants will come from two basic sources: (1) self referrals; and (2) referrals from health professionals, institutions, and services agencies.

Self referral is to be promoted by the Tuberculosis and Respiratory Disease Associations, the Cancer Societies, the Heart Associations, both County Health Departments, and the participant hospitals. Public relations activities will include placing of posters in public places, radio spot

announcements, newpaper releases and flyers distributed in participant hospitals.

Physician referral is to be encouraged by circulating flyers to all physicians in both Nassau and Suffolk Counties 30 days prior to each clinic. Special notices will also be sent to Department of Inhalation Therapy and Chest Service in hospitals, physicians working in Chest Clinics of Health Departments, Directors of Medical Education and Nursing In-Service Directors in all hospitals.

The reason for the project ranking is that it relates to disease prevention and improving the availability and accessibility of a service, both Priority I concerns of the N-SRMP.

RMP funding is to cease after eighteen months. If the program proves effective, the individual hospitals with modest support from the TB and RD Association, will continue similar programs.

Second Year (6 months) $7,050 Third Year: -0-

Project #7 <u>A Regional Approach to Computer Assisted Electro-cardiography and Spirometry Proposal</u> - This project proposes developing the capacity in six of the region's hospitals to administer computerized EKG's and spirograms. Only hospitals with both in-patient and out-patient facilities will be selected. The project anticipates that 40,000 patients of all races, incomes and levels of treatment will be tested.

Requested <u>First Year</u> $302,632

The goal of the project's first year is to prove that this technique is reliable and feasible as a screening tool and as a routine hospital test. The hospital environment provides the built-in referral mechanism necessary for proper patient treatment and validation of the computer programs results. Simultaneously, the project will collect, store and analyze the demographic data. The data gathered by using a standard form, can be shared by the participants, as well as used for further planning.

Once the techniques have been proven, the long-range goals of the project are to add additional computerized diagnostic tests and to expand the collection of shared data outside the province of the specific tests. Consequently, this project forms the basis for a hospital-based multiphasic screening center and a regional data bank.

The proposal addresses six health priority items established by the N-SRMP. Three of these are: (1) improving the availability of services by providing techniques for the consumer which do not exist at present; (2) improving the accessibility of services both in terms of geography and affordable costs; and (3) insure continuity and coordination of services by continuing the Task Force Committee for future program operation.

Evaluation areas include: physicians and hospitals use of and satisfaction with the system; cost benefits; use of screening data for planning; and further development to include additional tests.

It is anticipated that after three years, the hospitals will assume financial responsibility for the EKGs, spirograms and data processing.

Second Year: $92,576 Third Year: $58,788

Project #8 Curriculum Development for the Training of Community Health Assistant and Community Health Advocates

Requested First Year $109,382

This project addresses the problem of designing a structured educational curriculum for community health aides and community health advocates, based upon a preliminary task analysis of the functions actually performed by such persons employed in Suffolk County.

The training program introduces a two-stage "career ladder" in that those personnel demonstrating the highest level of proficiency as community health aides will be selected for training as community health advocates. Further career advancement beyond the second stage is the subject of ongoing planning between the Suffolk County Community College, Suffolk E.O.G., Suffolk Department of Public Health and the Health Sciences Center, S.U.N.Y.. at Stony Brook.

The aim of the program is to formalize the training of underemployed low-income community health workers, so as to provide a more stable and better defined pathway into the health professions for such workers. The purpose of defining the training program and the skill level of such employees is to demonstrate the relevance of their experience and training to the functions performed by health personnel working at higher levels. The Health and Family Planning unit of the Economic Opportunity Council of Suffolk and the Suffolk County Department of Health have budgeted for positions in this new category of health manpower. In addition, the 12 Headstart centers and the several Day Care centers in Suffolk County are also planning to utilize this category of health manpower if the proposed training program is successful. The Community Health Assistant program graduate will also find job opportunities with upward mobility in the hospitals of Suffolk County.

The project relates a Priority I problem identified by N-SRMP, to improve the effective utilization of the skills of health workers. Its major thrust, however, is to build an improved access pathway into the health services professions for unskilled and under-employed residents of the area. If successful, the curriculum design might serve as a model for similar training programs. Demonstration of specific skills by graduates of this program might enable existing educational programs and institutions to modify the length of formal instruction required for Licenses Practical Nurse certification or certification in other health occupational categories.

A team consisting of representatives of Suffolk County Community College, Suffolk County Department of Health, Economic Opportunity Council of

Suffolk, R.M.P., representatives of the enrollees and the consumers, a representative of the Division of Allied Health Professions at the S.U.N.Y. at Stony Brook, and outside consultants as necessary, will have the responsibility of ongoing, periodic and concluding evaluation of the project. The main objective of the evaluation team the first year is to test the effectiveness of the core curriculum in relation to performance of the Community Health Assistants. Modification of the curriculum during the training period will be made when the need is indicated by the evaluation team. Evaluation tools are described in the narrative.

RMP support is requested for three years, after which the training programs are to be funded through M.D.T.A. and local resources.

Second Year: $67,225 Third Year: $46,860

Project #9 - Regional Drug Information - The objective of this project is to establish a regional drug information system which will allow participating hospitals to collect, correlate and learn from adverse drug reactions. On the basis of the collected data and its analysis, the project would then attempt to perform an ongoing educational activity for participating hospitals, for hospitals generally in the region, for nursing homes, community pharmacists and physicians.

Requested First Year: $146,316

A network of communications services will be developed to include electronic communicating devices, sub-regional meetings, newsletters, monthly workshops for participating hospitals and a publicity program to include radio and/or television.

Mercy Hospital, having developed a diversified drug program over four years, will serve as the focal point. It is anticipated that the initial seven participating hospitals will be expanded to a regional network.

The project addresses priority III relative to continuity and coordination of service, in addition to development of communication linkages and cooperative arrangements. The project will also be relative to improving the quality of care. The project also addresses priority VI - research and information deficiencies.

The project director and his staff are to evaluate the program semi-annually and submit annual reports to participants, interested individuals and RMP evaluation criteria are described.

It is anticipated that the participating hospitals will assume financial support of the project after three years.

Second Year	Third Year
$149,511	$154,019

Requested
First Year
$53,762

Project #10 - Clinical Nurse Specialist in a Small General Hospital. The purpose of this project is to explore the impact of the role of a clinical nurse specialist in a small general, non-profit community hospital with an affiliated free-standing health center. The concept of the "Clinical Nurse Specialist" as a practitioner, role model, supervisor of patient care, counselor-resource person, teacher, coordinator, change agent and researcher, will be implemented to demonstrate that this practice will enhance the quality of nursing care.

One unique contribution of the study could stem from the continuum of care for the socially and economically deprived patients who could be followed through the health center. The clinical nurse specialist would function in both the hospital and health center as the needs of her specific patients arose. She would be a role model to the nurses in the hospital, health center, and community for coordination of services.

This study could determine if the clinical nurse specialist's role should become an integral part of the hospital structure in the near future. It would also determine if, through involvement of other nursing administrators in the surrounding community hospitals through workshops, conferences, newsletters and publicity, interest in the clinical nurse specialist's role can be stimulated and positions opened up.

The project addresses five of the six problem areas identified by the Program and Evaluation Committee of the Regional Advisory Group, namely: accessibility (Priority II); continuity and coordination (Priority III); quality of service (Priotity IV); efficiency in provision of service (Priority V); and research and information (Priority VI).

Evaluation will be accomplished by the project investigators and a committee of consultants. Methods focus on change in hospital staff response to the clinical nurse specialist's role and patient care.

Good Samaritan Hospital, the applicant organization, will provide future funding if the project proves effective.

Second Year	Third Year
$55,550	$ - 0 -

Requested
First Year
$37,525

Project #11 - Nassau-Suffolk Dial Access Lecture - The Dial Acess Lecture Project is designed to tap into and share an existing Dial Access Lecture program already in operation in Central New York RMP region and Susquehanna Valley RMP region. The activity will serve the goal of increasing the continuing educational opportunities for the health professionals of the Nassau-Suffolk RMP region, thereby improving the quality of health care in the region. The project's major costs are for telephone services. The project will supply lecture services for both physicians and nursing personnel in the region by utilizing a WATS line.

The project proposes to extend the scope of existing services by supplying current and frequent updated library references upon request. The existing program will be modified slightly to improve its function as a source for identifying practitioner's perceived educational needs.

The project aims at improving the quality of health care (Priority III) and attempts to do so by providing access to a previously established Dial Access Lecture Program.

A second attraction of the dial lecture project is its apparent enthusiastic popularity among the region's practicing physicians.

Data obtained through the Dial Access program about physician perceived educational needs might provide useful input into the Core Staff Educational Development service. Information gathered through the Stroke Program, Radiation Therapy Planning Program, Computerized EKG and Spirometry Program, Drug Information System Program, and the Regional Library Service Program would all be useful in defining possible subject material for additional tapes.

Evaluation includes determination of the utilization of the system, users satisfaction and querying the Regions health leaders.

There is no provision for continued support of this project after three years.

Second Year	Third Year
$38,416	$39,306

NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM

Planning Phase	Funded
01 1/1/69-6/30/70	$263,011
02 7/1/70-6/30/71	350,269
Total	$613,280

Operational Application	Request
01 7/1/71-6/30/72	$1,467,221
02 7/1/72-6/30/73	1,261,495
03 7/1/73-6/30/74	1,219,681
04 7/1/74-6/30/75	72,448
Total	$4,020,845

COMPONENTS BY DISEASE CATEGORY

HEART
- # Projects: 1
- Total $S: 302,632
- % $S: 21%

CANCER
- # Projects: 2
- Total $S: 123,786
- % $S: 8%
- Approved/unfunded
- Disapproved

STROKE
- # Projects: 1
- Total $S: 72,111
- % $S: 5%

KIDNEY
- # Projects: 0
- Total $S: 0
- % $S: 0

RELATED DISEASES
- # Projects: 0
- Total $S: 0
- % $S: 0

MULTICATEGORICAL
- # Projects: 7
- Total $S: 516,937
- % $S: 35%

GENERAL
- # Projects: Core
- Total $S: 451,755
- % $S: 31%

PROPOSED 01 OPERATIONAL COMPONENTS

- Core $451,755
- #1 Home Care $95,182
- #2 Stroke $72,111
- #3 Pap Smear $95,956
- #4 Regional Med. Library $46,860
- #5 Radiation Rx $27,830
- #6 Smoking $27,910
- #7 Computer Electrocardiology $302,632
- #8 Train'g Community Health Assts $109,382
- #9 Drug Info. Ctr. $146,316
- #10 Clinical Nurse Specialist $53,762
- #11 Dial Access $37,525

COMPONENTS BY TYPE OF ACTIVITY

TRAINING AND EDUCATION
- # Projects: 6
- Total $S: 421,755
- % $S: 29%
- Approved/unfunded
- Disapproved

DEMONSTRATION OF PATIENT CARE
- # Projects: 5
- Total $S: 593,711
- % $S: 40%
- Approved/unfunded
- Disapproved

RESEARCH & DEVELOPMENT
- # Projects: 0
- Total $S: 0
- % $S: 0
- Approved/unfunded
- Disapproved

ADMINISTRATION & PLANNING
- # Projects: Core
- Total $S: 451,755
- % $S: 31%
- Approved/unfunded
- Disapproved

RMPS/GRB-3/1/71

NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM
PRIORITY LIST

Priority I
(Urgent)

1. Activities aimed at increasing accessibility of health care services, especially in relation to specific population subgroups currently lacking access (e.g., the poor, the near poor, the elderly, the disabled, migrant laborers).

2. Activities aimed at increasing health manpower availability or improving efficiency of manpower utilization.

3. Activities aimed at increasing efficiency, coordination, cooperation, resource sharing and better referral between existing health services, professionals and agencies.

Priority II
(Important)

1. Activities aimed at innovative improvements in professional continuing education.

2. Activities aimed at developing a shared accessible, exhaustive, and continuously current region-wide health information system composed of manpower data, availability of health service, financing data and patient-related information.

3. Activities aimed at instituting health measures presently unavailable in Nassau and Suffolk Counties.

Priority III
(Necessary)

1. Activities aimed at improving specifically those health planning mechanisms which are presently weak.

2. Activities aimed at development of new rehabilitative and home health services.

3. Activities aimed at improving existing third-party financing mechanisms for direct services.

4. Activities aimed at innovative improvements in lay health education.

Priority IV
(Useful)

1. Activities aimed at improving the bed-to-patient ratio of general care and ECF beds, or promoting their more efficient utilization.

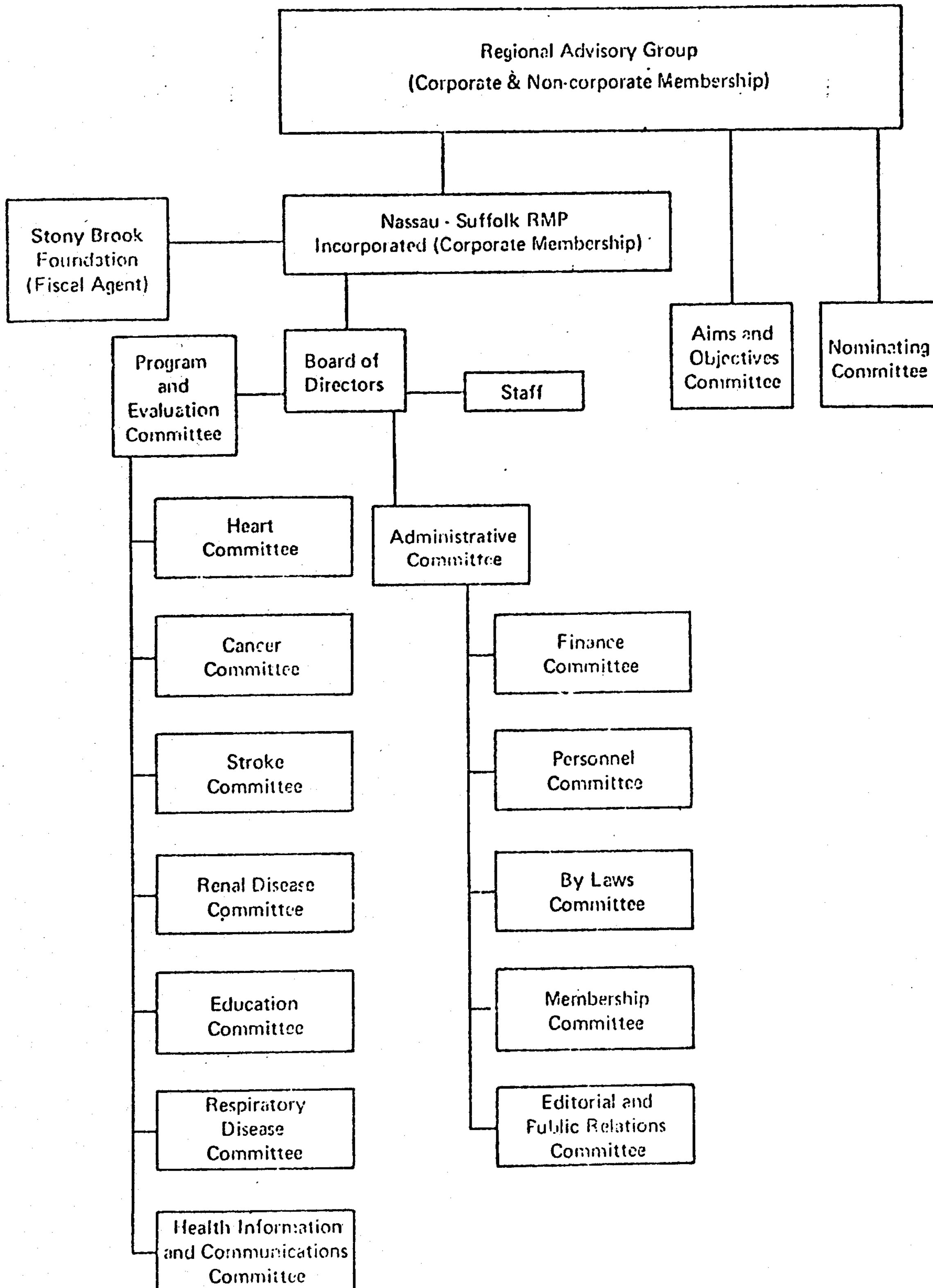
2. Activities aimed at improving the level of technical sophistication of available services.

3. Activities aimed at reinvolving all physicians lacking hospital affiliation back into the mainstream medical milieu.

<u>Priority V</u>
(Relevant)

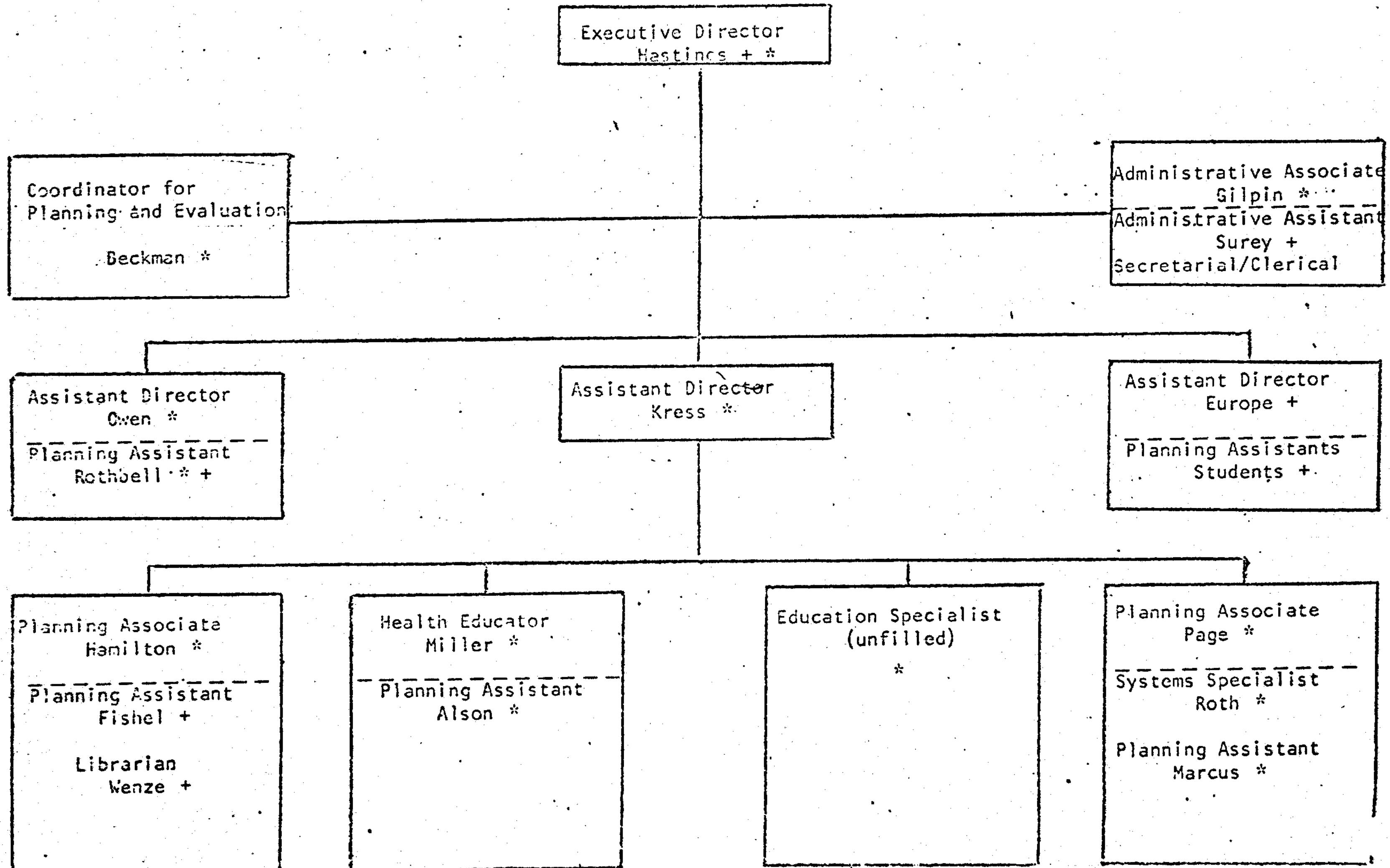
All other activities falling within the framework of PL-89-239.

ORGANIZATIONAL STRUCTURE
NASSAU -- SUFFOLK REGIONAL MEDICAL PROGRAM, INC.



* RMP
+ CHP

TABLE OF ORGANIZATION
RMP/CHP



(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM
RM 00066 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Approval for operational status for three years with the following conditions: 1) that the Region obtain the services of an outside consultant(s) to assess the current organizational structure including CHP-RMP relationships; 2) that the concerns of the reviewers be communicated to the Region; 3) that the second year continuation application be reviewed by Committee and Council and include a site visit; and 4) that the level of funding be increased if significant progress has been achieved during the first year. The Committee also recommends Council policy statement on use of RMPS funds for computerized EKG and spirometry (Project #7).

The Committee recommends approval of the amount requested for core activities: 01 - $451,755; 02 - $490,408; 03 - $530,043.

For projects, $1,015,466 is requested the first year, $771,087 the second year, $689,638 the third year and $72,448 the fourth. The reduced amount of $378,000 is recommended each year for three years.

The total requested and recommended is as follows:

Year	Direct Costs Requested	Recommended
01	$1,467,221	$ 829,755
02	1,261,495	868,408
03	1,219,681	908,043
04	72,448	-0-
TOTAL	$4,020,845	$2,606,206

These ranges for the 02 and 03 year may be modified by action taken under conditions 3 and 4 above.

CRITIQUE: The findings of the site visit March 25-26, 1971 were presented by the Chairman of the team. Major concerns: 1) organizational structure is cumbersome and the corporate non-corporate delineation of RAG does not seem functional; 2) the roles of the Aims and Program Committees have overlapping responsibilities; 3) CHP and RMP merging relationships seem awkward and may inhibit relationships with health care providers; 4) core staff hidden objectives are not clear; 5) need for more clearly defined operating objectives and necessary data base; 6) although working reasonably well, the review process seems unwieldy; and 7) the Coordinator is

well qualified but because of his dual role as director for both CHP and RMP, he does need a full-time strong administrative assistant to provide continuous central direction to core staff.

Some of the projects were apparently developed early in the Region's planning phase. Projects were modified by staff assistance, rather than initiated by core. Additional proposals are now being developed, and some of these may have a higher priority than those for which support is presently requested.

As reported by the visitors, the Region's accomplishments to date include assembling a staff and a fiscal basis; conducting a number of studies as enumerated in the application; and the forming of cooperative arrangements. Some notable progress was evident in that the Region has been successful in: 1) getting the black physicians and dentists together to embark on medical practice and problem areas in the ghettos; 2) assisting the dentists in establishing a continuing education program; 3) assisting schools in establishing community school health programs; 4) assisting industry and labor in examining health insurance programs; 5) assistance in the design of pre-pay group plan foundation; and 6) providing technical systems assistance to induce cooperative sharing of computer hardware and software.

Some of Committee expressed disappointment in the proposed projects and their relationship to the stated priorities. The Committee questioned the wisdom of RMPS funding research type activities such as computerized electrocardiography and spirometry (Project #7) and believed a Council policy statement might be appropriate. There was general agreement by Committee with the site visit findings and recommendations. The Committee believed the Region needed the challenge of operational status and recommended approval of core as requested and projects at a reduced median level ($378,000) as recommended by the site visit team. The Committee also recommended discouraging the Region from funding project nos. 7, 9 and 10.

Administrative Confidential

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 30, 1971

Reply to Attn of:

Subject: Quick Report on the Nassau-Suffolk Site Visit March 25-26, 1971 (Stony Brook, New York)

To: Director
Regional Medical Programs Service

Through: Acting Deputy Director
Regional Medical Programs Service

I. SITE VISIT TEAM:

Consultants

* John E. Kralewski, Ph.D. (Chairman)
RMPS Review Committee

Edward D. Coppola, M.D.
Consultant (Practicing Surgeon)

Paul E. Teschan, M.D.
Director
Tennessee Mid-South RMP

* Chairman

RMPS Staff

Alan S. Kaplan, M.D.
Continuing Education Branch

Spencer Colburn
Regional Developmental Branch

Robert Shaw
HEW Region I
RMPS Rep.

Lawrence Witte
Program Planning & Evaluation

Roger Miller
Grants Management Branch

Luther Says
Grants Review Branch

II. STRUCTURE:

The entire visit took place at the Region's headquarters with approximately 60 area representatives. However, the meeting was structured along the lines previously suggested by the site visit team and the mission was accomplished through three major sessions and seven sub-group discussions attended by appropriate persons.

First Session (3 hours)	Participants
1. Organization and Decision-Making Structure	- Site Visit Team (9)
- Legal Structure	- Officers (4)
- Governing Bodies	- Attorney

- Regional Advisory Group — RAG Corporate members (4) (3 consumers & 1 provider)
- Chief Operating Officers — RAG non-corporate members (4) (3 providers & 1 consumer)
- Goals, operating objectives and Priorities — Chairmen (2) Aims & Program Committees
- Activities Underway — Coordinator & Key Staff (3)
- CHP & RMP relationships
- Management Information System
- Accomplishments

Second Session (4 hours)

2. Operational Programs — Site Visit Team
   - Development — Officers (4)
   - Review procedure — Chairmen (2) Aims & Program Committees
   - Role of RAG — Key core staff
   - Staff assignments — Project authors (10)
   - Priority assignment — Medical Societies representatives (4)
   - Evaluation — Hospital respresentatives (4)
   - Plans for phasing out RMPS support — Dental Society (2)
   - Regionalization — Health Department (2)
   - Cooperative Arrangements — University (2)
   - CHP representatives

3. Community Involvement

Discussion Groups (4)

1. Project Authors

2. Health Institution Representative

3. Planning Agency Representation

4. Community Representation

Third Session (3 hours)

4. Staff Organization and Activities
   - Line and staff organization
   - Task allocation
   - Personnel & turnover
   - Internal operation activities & accomplishments
   - Management controls including data base, monitoring and evaluation
   - Budget review

- Site Team
- All professional core staff (9)

Discussion Groups

1. Budget review
2. Staff organization & management
3. Continuing Education
4. Accomplishments

Feed Back Session

Observations & Recommendations of Team (no mention of recommended funds)

- Site Team
- Chairman of RAG
- Key Core (9)

III. SUMMARY OF FINDINGS:

The multi-faceted organization was inherited. The RAG membership remains relatively unchanged since 1969 and a rather low level of attendance of meetings was noted. The corporate and non-corporate membership appears to have created a cumbersome situation. The question arose as to the functional differences between the RAG (corporate and non-corporate

members), the Board of Directors (corporate members) and the Executive Committee.

The roles and interchanging relationships of the Aims and Program Committees are not clear and there is some question about their sense of direction. The project review process was considered cumbersome but is working moderately well.

Of major concern to the visitors, was the merging functions of CHP and RMP, i.e., integration of the two staffs, one staff director for both agencies and the merging of the two Aims Committees. A more formal merger, is under consideration which is to include the Long Island Health and Hospital Planning Council. The visitors believe that this meld has contributed to the Region's waning influence with the medical community. Two separate and distinct agencies with interfacing relationships might be more effective.

The Region's priorities are reasonable and relevant but there is a need for more clearly defined operational objectives and necessary data base. Core staff aversion to acquisition and use of data was apparent. Operational planning seems to be more by the "human" approach rather than the "quantitative" approach. "Hidden objectives" exist but are vague.

Internal affairs are on a sound footing, particularly since the "Management Assessment Visit" conducted in July 1970 by RMPS. The Region is doing a good job in personnel management. Fiscal services, including purchasing and prompt reporting, are adequate and the costs are very reasonable (10%). There was some concern, however, about the many responsibilities of the Coordinator and the need for providing central direction to the staff. A full-time strong administrative assistant (deputy) is needed.

Some of the projects were apparently developed early in the Region's planning phase. Projects were modified by staff assistance, rather than initiated by core. Additional proposals are now being developed, and some of these may have a higher priority than those for which support is presently requested.

The Region's accomplishments to date, include assembling a staff and a fiscal basis; conducting a number of studies as enumerated in the application; and the forming of cooperative arrangements. Some notable progress was evident in that the Region has been successful in: 1) getting the black physicians and dentists together to embark on medical practice and problem areas in the ghettos; 2) assisting the dentists in establishing a continuing education program; 3) assisting schools in establishing community school health programs; 4) assisting industry and labor in examining health insurance programs; 5) assistance in the design of pre-pay group plan foundation; and 6) providing technical systems assistance to induce cooperative sharing of computer hardware and software.

IV. RECOMMENDATIONS:

Approval for operational status for three years with the following conditions: 1) that the Region obtain the services of an outside consultant(s) to assess the current organizational structure including CHP-RMP relationships; 2) that the concerns of the site visitors be communicated to the Region; 3) that the second year continuation application be reviewed by Committee and Council in addition to staff and 4) that the level of funding be increased if significant progress has been achieved during the previous year.

The site visitors recommended approval of the amount requested for core activities as follows:

01	02	03
$451,755	$490,408	$530,043

The first-year request for eleven operational projects is $1,015,466. Support is recommended at a reduced level in three ranges as follows:

Maximum	$423,000
Medium	378,000
Minimum	326,000

The total amount recommended for the 01 year at the maximum, medium and minimum amounts are:

	MAXIMUM	MEDIUM	MINIMUM
Core	$451,755	$451,755	$451,755
Projects	423,000	378,000	326,000
Total	$874,755	$829,755	$777,755

These ranges for the 02 & 03 year may be modified by action taken under conditions 3 and 4 above.

Luther J. Says

Luther J. Says, Jr.
Public Health Advisor
Grants Review Branch

SITE VISIT REPORT
NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM

March 25-26, 1971

SITE TEAM MEMBERS

John E. Kralewski, Ph.D., Chairman, Review Committee Member, Chairman Health Administration, University of Colorado, School of Medicine, Denver, Colorado

Consultants

Edward D. Coppola, M.D., (Practicing Surgeon) Associate Professor in Surgery, Hahnemann Medical College, Philadelphia, Pennsylvania

Paul E. Teschan, M.D., Coordinator Tennessee Mid-South Regional Medical Program, Nashville, Tenn.

RMPS Staff

Alan S. Kaplan, M.D., Continuing Education Branch
Spencer Colburn, Regional Development Branch
Lawrence Witte, Office of Planning and Evaluation
Robert Shaw, HEW, Region II, New York City
Roger Miller, Grants Management Branch
Luther J. Says, Grants Review Branch

REGIONAL REPRESENTATIVES

Officers of NSRMP

Edmund D. Pellegrino, M.D., President
Reverend Richard P. Hendel, Vice-President
Frank Gibson, Secretary
Henry Bang, Treasurer

Members of the Regional Advisory Group

Costas Lambrew, M.D., Chairman - Aims Committee
Edwin Clare, Attorney for RMP
Leonard Andors, D.D.S.
Ms. Priscilla Roe
Leon Rushmore
Lawrence Scherr, M.D.
William Warner

Project Authors

Martha Browning, Comprehensive Home Care
Lindon Davis, M.D., Stroke Referral & Evaluation
Wm. Messinger, M.D., Regional Approach to Computerized EKG
Paul Diamond, M.D., Regional Approach to Computerized EKG
Walter O'Connor, M.D., Development of PAP Smear & Self Breast Exam
Ms. Stacey Saley, Regional Medical Library
Ms. Elsie Wilensky, Regional Medical Library
Perry Mandel, M.D., Computerized Radiation Therapy
Harold Astorita, Computerized Radiation Therapy
Sister Marie Buckley, Smoker's Withdrawal
Ms. David Arella, Smoker's Withdrawal
Daniel DePonte, Curriculum Development
Sisiter Jane Marie Durgin, Regional Drug Information
Clenna McLean, R.N., Clinical Nurse Specialist
Emil Frey, Ph.D., Dial Access Lecture

Health Institution Representatives

John Dowling, M.D,, Nassau County Health Dept.
Micheal Buscemi, M.D., Suffolk County Health Dept.
Leo Fishel, M.D., Nassau County Medical Society
Maurice Tulin, M.D., Nassau County Medical Society
Milton Rosenberg, M.D., Suffolk County Medical Society
Walter O'Connor, M.D., Suffolk County Medical Society
Jack Dillman, Executive Director, Nassau-Suffolk Hospital Council
Martin Nester, Administrator, Long Beach Memorial Hospital
Francis Fosmire, Administrator, Brookhaven Memorial Hospital
Richard Schoen, D.D.S., 10th Distric Dental Society
Robert Brunner, State University - Health Sciences Center

Planning Agency Representatives

Henry Bang, Exec. Vice-President, Long Island Health & Hospital Planning Council
Reverend Richard Hendel, Long Island Health & Hospital Planning Council
William Warner, Chairman, Comprehensive Health Planning Council
Ms. Louise Pan, R.N., Comprehensive Health Planning Council
Ms. Joyce Turner, Comprehensive Health Planning Council
Sanford Lenz, Comprehensive Health Planning Council

Community Agency Representatives

Arthur Risbrook, M.D., Clinical Society
Sister Marcella Ann Hannon, Home Care Task Force
Joyce Turner, Brentwood Schools*
Mark Kenyon, Medical Foundation
Eugene McNamara, Business/Industry
Sanford Kravitz, Health Manpower
John F. O'Donnell, BioMetric Systems
Wm. Larregui, Suffolk County Task Force
James Culhane, Suffolk County Task Force
Louise Pan, R.N., Task Force on Nursing Education *

*Ms. Pan and Ms. Turner represented their interests at both groups.

Core Staff

Glen E. Hastings, M.D., Executive Director, RMP & CHP
John Kress, Assistant Director for Technical Support
Steven Roth, Systems Specialist
Sharon Hamilton, R.N., Planning Associate, Project Grants/Management & Development
James R. Europe, Assistant Director, CHP
Harrison Owen, Assistant Director for Organizational Liaison and Special Projects
Robert Beckman, Coordinator for Evaluation and Planning
Annette Gilpin, Administrative Associate
Willie Paye, Planning Associate

PURPOSE: In light of the present initial triennial application for operational status, the site visit was conducted to study and assess the Region's program structure, achievements and capability.

SITE VISIT STRUCTURE:

Prior to the visit, RMPS documents "RMPS Review Process Requirements and Standards" and "Program Review Criteria were provided to the Region and the site visitors. The latter was used as a check list in structuring the agenda and in the conduct of the visit.

The entire meeting took place at the Region's headquarters with approximately 60 area representatives. However, the meeting was structured along the lines previously suggested by the site visit team, and the mission was accomplished through three major sessions and eight smaller sub-group discussions, each attended by appropriate persons.

The first session (3 hours) with their officers, some RAG members, the attorney and Key staff, focused on organization structure; goals objectives, and priorities, achievements, management information, and CHP-RMP relationships. The second session (4 hours) also included project authors, providers, consumers and other health interests groups, and centered on operational programs (development, review, evaluation and phase out plans), and regionalization and cooperative arrangements. The discussions were further amplified through four small groups; 1) project authors, 2) health institutions (Health Departments, Medical Societies, Dental Society, Hospitals and University), 3) planning agencies, and 4) local organizations.

The third session (3 hours) on the second day was with the principal staff and dealt with staff organization, task allocation, personnel, internal operations, management controls and budgets. Small discussion groups included 1) budget review, 2) staff organization and management, 3) continuing education, and 4) accomplishments.

The meeting concluded with a one hour feed back of observations and recommendations (no mention of funds) to the Chairman of RAG and principal staff.

SUMMARY OF FINDINGS: Until South Dakota's recent separation from Nebraska Nassau-Suffolk was the last of the 55 Regions still in planning. After two and one half years in planning, the NSRMP is now requesting operational status and initial support for core activities and eleven projects. Core funds are requested for three years, one project for four years, eight for three years and two for two years.

I. Historical Development

The Region encompasses Nassau and Suffolk Counties comprising 100 miles of Long Island east of Queens. The area was originally included in the Metropolitan New York Regional Medical Program. The efforts to begin a separate region began with the formation of a Advisory Medical Group in 1967. In June 1968, the Group incorporated as the Nassau-Suffolk Regional Medical Program, Inc. operating within $10,000 contributed by eight interested agencies. More than eighty organizations supported the new region in its planning. The Metropolitan New York Regional Medical Program agreed with the two counties that it was reasonable that Nassau-

Suffolk Counties form a separate region having geographic capability with other major relative organizations, e.g., the Long Island Hospital and Health Planning Council; the State Health Department for CHP; the Nassau-Suffolk Regional Planning Board, financed by HUD for planning in housing, economics and educational development; and the New York State Department of Mental Hygiene. Distance and transportation posed difficulties in developing vital relationships between the counties' health professions and the metropolitan N.Y. medical centers. The new Health Sciences Center being developed at the Stony Brook Campus of SUNY is bringing medical center competence directly to the N-SRMP.

The developing Stony Brook Health Sciences Center is to include Colleges of Medicine, Dentistry, Nursing and Allied Health; a School of Social Work, a Health Sciences Library; a University Hospital; and a VA Hospital. Other resources in the region include 41 hospitals, county health departments, several specialized research facilities, and the Brookhaven National Laboratory.

Support was approved for two years of planning beginning January 1, 1969 (01-$223,256 and 02-$320,024). There was little activity until the appointment of the Program Coordinator June 1, 1969 and subsequent staffing. For this reason the planning period was extended for six months until June 30, 1971 with no additional funds. In lieu of indirect costs, awards for direct costs including fiscal agent fees, $29,755 for the first grant period and $30,245 the second period. The fiscal agent is Stony Brook Foundation.

Of particular interest has been the Regions link-up with CHP "b" and the Long Island Health and Hospital Planning Council. The Program Coordinator heads both RMP and CHP, and offices are shared by both groups. A more formal merger of the two agencies is under consideration. The Health and Hospital Planning Council is also considering joining the sharing of quarters.

II. Goals, Objectives & Priorities

Operational planning seems to be more by the "human" rather than the "quantitative" approach. The goals, objectives, and priorities have evolved from a "laundry list" of perceived problems. While the priorities set by the organization seem to be consistent with the needs of the country in general there has been little effort devoted towards the collection of data to determine specific needs and priorities for the Nassau-Suffolk region. As a result the general priority list has not been developed into operational objectives other than for the staff to go forth and do good under the general direction of "hidden objectives". The staff believes they can not promulgate these hidden objectives in writing because they would create too much anxiety among the health care producers. The "hidden objectives" were not clearly understood to the visitors, nor are they understood by all the core staff. There is need for more clearly defined operating objectives and necessary data base.

III. Organization Structure

The Regional Advisory Group is made of 82 members with heavy representation from the medical community. The attendance of meetings has been about 40%, but it appears that those attending represent diverse interest groups

including consumer and producer groups in approximately equal numbers. The Regional Advisory Group is composed of corporate and non-corporate members in approximately a three to one ration with the corporate members legally responsible for the agency and the entire group acting to advise the program in terms of goals and objectives. The delineation of these responsibilities is not clear to RAG members and most do not know whether they are corporate or non-corporate members. The RAG initially was the incorporating body but was expanded and split into a corporate non-corporate configuration when the propriety of the single board concept was questioned by RMPS. Non-corporate members have all rights except that of holding office, however, they may be an observer on a committee if appointed by the president. Both corporate and non-corporate members are elected to three-year terms without pay. Their function is to approve all contracts and applications for grants at the quarterly meetings. Two standing committees assist the RAG: 1) the Nominating Committee, and 2) the Aims Committee. The Nominating Committee, seven members elected by the RAG, nominates replacements to the RAG and its own committee. Nominations may also be made in writing by any five corporate members. The Aims Committee, composed of 10-30 voluntary members of the Advisory Group, considers available data concerning health needs, and assists the RAG in its development of short-range and long-range program goals, and makes recommendations to the Group. The officers are President, Vice-President, Secretary and Treasurer and are elected by the RAG. The same officers head the Corporation, the RAG, Board of Directors and Executive Committee.

The Board of Directors consists of 30 members representing designated health providers, health interest groups and consumers. The Board meets monthly and carries out the corporation's business during the interim between quarterly meetings of the RAG to which it reports. The Board employs the Executive Director as its chief administrator to carry out its policies and programs on a day to day basis. The Executive Director has responsibility to hire, fire, train, direct and supervise staff members, who are authorized by the Board. In addition, the Executive Committee, composed of the four Board officers and chairmen of the three standing committees of the Board (chairmen are elected from the Board by the Board), conducts the affairs of the corporation in the interim between monthly Board meetings, at which time their actions are ratified by the Board. On the advisory branch are the three standing committees: 1) the Administrative Committee, which is in charge of the budget and financial policies, and forms job descriptions; 2) the Program and Evaluation Committee, which coordinates and reviews the program activities, and reviews all projects for possible funding; and 3) the Membership Committee, which recruits members and determines classification of members for recommendation to the Board. Membership on these committees and subcommittees are not restricted to members of the Regional Advisory Group, and are chosen by the chairmen with approval from the Board.

IV. Internal Affairs

The Executive Director of N-S RMP is also the director of the CHP areawide "b" agency. CHP and RMP activities are therefore closely interrelated with both sets of activities carried out by a 16-man staff (ten paid by

RMP and six funded by CHP. The roles of the various staff members are not well defined and there appears to be some ambiguity as to who does what. This arrangement is further complicated by the fact that fully half of this staff report directly to the Executive Director whose dual CHP-RMP role leaves him insufficient time for internal administration. The visitors believe a full time strong Administrative Assistant (deputy) is needed. Other than the need for providing better central direction to staff, internal affairs are on a sound footing, particularly since the "Management Assessment Visit" by RMPS in July, 1970. Fiscal services, including purchasing and prompt reporting, are adequate and the costs are very reasonable (10%).

V. Program Accomplishments:

Some of the projects were apparently developed early in the Region's planning phase. Projects were modified by staff assistance, rather than initiated by core. Additional proposals are now being developed and some of these may have a higher priority than those for which support is presently requested. Some of the newer projects considered, definitely seemed consonant with Regional Medical Program goals and offer the possibility of changing health care delivery in a significant way. However, these projects and ideas came along after the present operational application was submitted to RMPS and many of them have been incorporated into the new Comprehensive Health Planning application.

When the Core Staff was asked how they could prevent themselves from being boxed in once the present projects in the RMP application had been started, the answer was that they will continue its local action

and organizing activities in a consultative fashion. Optimistic signs that this might be an effective way to go are that at least four or five medical community groups have come to them asking for advice of various kinds. In order to handle what appears to be an increasing amount of advisory and consultative activity, Core Staff would subcontract for additional needs as they arise instead of expanding its own number of personnel. The main way in which the Regional Advisory Group would appear to play a role here is through the Program Committee and the Aims Committee. The Core Staff feels that the potential for leadership in these committees is fairly good.

The major accomplishments of the program to date have been: 1) setting up a Core Staff which seems to be sensitive to community group dynamics; 2) working closely with the activist members of the program and Aims Committee of the Regional Advisory Group; 3) community organizing; and 4) responding quickly and enthusiastically to requests from the professional medical community for guidance and assistance in approaching problems of health care delivery.

Examples of such accomplishments are:

1) Organization of the Nassau-Suffolk Clinical Society. This is an association of more then 80 black doctors and dentists which is addressing itself to health care needs of the minority population. Sixteen Health Committees of this group have been formed, which have both consumer and provider representation. They are interested in working on sickle cell disease and other problems peculiar to blacks. No project applications have yet come from this group but it is anticipated that they will.

2) <u>School Health Organizations.</u> The Core Staff is working with school districts since they are defined by neighborhoods and provide a means to get at a defined population. They are interested in the relationship of poor health to under-achievement in school and have gotten the health department and the school district officials to sit down together and look at these problems. Health aides, nurses, and doctors are gradually being involved.

3) <u>Labor and Industry Organizations.</u> The premise here is that the way in which health care delivery can be influenced requires participation of influential community groups. The Core Staff has talked with representatives of labor and industry and pointed out that they were spending $347. per year on employee health and the employees were spending again at least that much. It was pointed out that pre-paid care could probably do the job cheaper and better. Various public utilities and private corporations are involved in these discussions. An informal group has been organized which has been meeting for a year and in the past year the membership of the group has doubled. These companies are currently spending $40 million per year on health. Insurance companies have been approached and representatives from them have joined the group. RMP Core Staff is assisting this group in planning. The response from the medical community has been either "non-plussed" or very interested. The Nassau Medical Society has made inquiries about being a potential bidder for such a health plan.

4) There are five other potential groups starting to look in this direction and they have come to RMP Core Staff for advice and assistance.

5) A program for providing health care to the poor had been planned with the Riverhead Hospital. The Department of Health had committed $300,000 to this project and RMP was prepared to commit $100,000. The hospital had agreed to form a Department of Community Medicine and had approval of the hospital administrator and the board of trustees. However, the program was defeated by one vote in a medical staff meeting, preventing its initiation.

6) A similar type of program is being developed at the Brookhaven Hospital although some details of the arrangements are not quite the same as the Riverhead Hospital project.

7) Core staff are working with the evaluation component of the Southwest Suffolk Health Program which is a joint OEO-HIP program from 2500 welfare recipients.

8) Assistance is being given to the Suffolk County Health Department in preparing seminars for county legislators.

9) Staff is also assisting the dentists in establishing a continuing education program.

10) Technical systems assistance is provided to induce cooperative sharing computer hardware and software.

VI. EVALUATION: The Region has developed a critical pathways form for project monitoring. The concept was developed by the construction industry several years ago (also called PERT) and allows for monthly

surveillance. Projected monthly accomplishments and expenditures may be compared to actuality.

Most of the projects have an evaluation component but the Region's overall program evaluation is vague, particularly in absence of data base. The NSRMP has studied the evaluation experiences of other regions, as well as soliciting other regions comments on its own approach. Outside consultation is being sought as evidenced by the Regions participation in the multi-regional program evaluation through the Harvard Center.

Phase I of the Harvard study includes an interview study of 17 staff (10 paid by RMP and 7 paid by CHP), 27 RAG members (10 non-corporate and 17 corporate), and 25 non-RAG members. The latter 52 represented some of the most"influential people" including those in health care. Preliminary results indicate the Region's first order of priorities are congruent with major health problems identified by the respondents. The second order of priorities should be re-evaluated. The projects for which funds are requested address a large number of the Region's major health problems. All respondents agreed that the major purposes of NSRMP should be to plan and improve health care in general. The greatest current visibility of NSRMP seems to have been generated by activities unrelated to RMP projects per se. This phenomenon is to be re-examined after the Region is funded and operational. All respondents predict a merger between RMP and CHP at local and national levels and are otherwise uncertain of the future of RMP.

CONCLUSIONS: The organization lacks the rigor of a well-run firm.

However, the program is young and probably had to be loosely structured during the formative years to accommodate the many interest groups that provided the impetus for the development of the Regional Medical Program effort in the Nassau-Suffolk area. This was especially true since they did not have a medical school to provide the leadership role in establishing the agency and program. The site-visit team believed that the quality of the top leadership in the corporation was of a nature that would insure long-range success of the program. Therefore, while the team shared many reservations about the present organizational, structure and state of the corporation and program development, the visitors believe that the Region has a great deal of potential and will benefit from and consequently do justice to the challenge of an operational program.

Major Concerns:

1) The corporate structure is cumbersome and the corporate non-corporate delineation among the Regional Advisory Group membership is artificial and disfunctional, therefore, this area should be re-examined and possibly restructured.

2) The role of the Aims and Objectives Committee versus that of the Program Committee is not well defined and as a result it appears that these two groups have overlapping responsibilities for the development of long-range plans. A more workable arrangement should be developed for the determination of long- and short-range goals and the structuring of programs to meet those goals.

3) The internal organization of the Region lacks structure and direction. As a result it appears that the organization is operating on a reactive rather than free-floating basis with no clear cut direction.

4) The management information system within the operating level of the organization appears to be relatively minimal. Most of the employees report their progress to the director on an informal basis with few operating and little measurement as to whether they are actually achieving results. The methods by which the director reports to the board seems to be more structured although much of it is based on informal communications.

5) The salary structure and allocation of resources in the organization appears to have been accomplished on a rather haphazard basis. Some salaries seem high for the kinds of talent being hired. It also appears that the various talents have not been brought together to form a composite group who would accommodate and build on each other's expertise. Some other Core budget items seem equally imprudent, i.e., remodeling costs (plan to relocate in the near future) and consulting services for writing grant applications. The internal administration of the program should be thoroughly reviewed and strengthened. Consideration should be given to employ an administrator to provide continuous day to day direction. This is especially important since the coordinator heads both CHP and RMP activities.

6) The project review procedure is extremely cumbersome with the RAG being brought into the picture much too late in the process. Review procedures need to be streamlined. It was noted that the review procedure appears to have incorporated proper scientific and managerial reviews to insure integrity of each project although it is difficult to see how the projects

fit into a total program.

7) Too little effort has been devoted toward generating projects that more realistically meet the goals of the organization. As a result the program is made up of projects developed on a more or less randam basis with little program consistency.

8) There is concern about the close relationship between the RMP and CHP and the evident confusion this has caused in the minds of the health care practitioners. Some of the site-visit team members were concerned that the Region has lost at least some of the support of the medical community. They believed that in part this is due to the close relationship with CHP.

9) There has been little effort towards acquisition and use of data to determine specific needs and priorities. As a result the general priority list has not been developed into operational objectives. Also there are too many hidden objectives.

10) Levels of attendance is relatively low at the Aims and Program Committee meetings when the priorities were being established. Those present, however, did represent a good cross section of consumer and provider groups.

RECOMMENDATION: The site visitors recommend that the Region be allowed to go operational and believe that by doing so under specific guidance and advice from RMPS, the program will be greatly strengthened. Therefore, approval is recommended for three years with the following considerations: 1) the Region obtain the services of an outside consultant(s) to examine and assess the organization structure

and operating procedures with specific attention directed toward the CHP-RMP relationships; 2) the Region address the concerns of the visitors; 3) the second year continuation application be reviewed by Committee and Council and include a site visit; and 4) that the level of funding be increased if significant progress is achieved during the first operational year.

For core activities, the site visitors recommend approval of the amounts requested as follows:

01	02	03
$451,755	$490,408	$530,043

For eleven projects, $1,015,466 is requested the first year, $771,087 the second year, $689,638 the third year and $72,448 the fourth. A reduced amount is recommended each year for three years at one of three levels as follows:

MAXIMUM	MEDIUM	MINIMUM
$423,000	$378,000	$326,000

Therefore, the total for core and projects is recommended at one of three levels as follows:

	01	02	03
MAXIMUM	$874,755	$913,408	$953,043
MEDIUM	829,755	868,408	908,043
MINIMUM	777,755	816,408	856,043

(A Privileged Communication)

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL GRANT APPLICATION

NEBRASKA REGIONAL MEDICAL PROGRAM
Nebraska State Medical Association
1902 First National Bank Building
Lincoln, Nebraska 68508

RM 00068 5/71
April 1971 Review Committee

Program Coordinator: Harold S. Morgan, M.D.

REQUEST: This is an application for status as a new Regional Medical Program, to serve Nebraska. Requested (3 years beginning July 1, 1971):

Projects	1st Year	2nd Year	3rd Year	TOTAL
Core	$394,670	$432,247	$440,653	$1,267,570
#1-Coronary Care Training	195,174	189,562	-0-	384,736
#2-Communications Facility	130,983	133,981	-0-	264,964
#3-Mobile Cancer Detection Unit	129,293	133,801	-0-	263,094
Direct Costs	850,120	889,591	$440,653	2,180,364
Indirect Costs	179,104	187,925	98,042	465,071
TOTAL	$1,029,224	$1,077,516	$538,695	$2,645,435

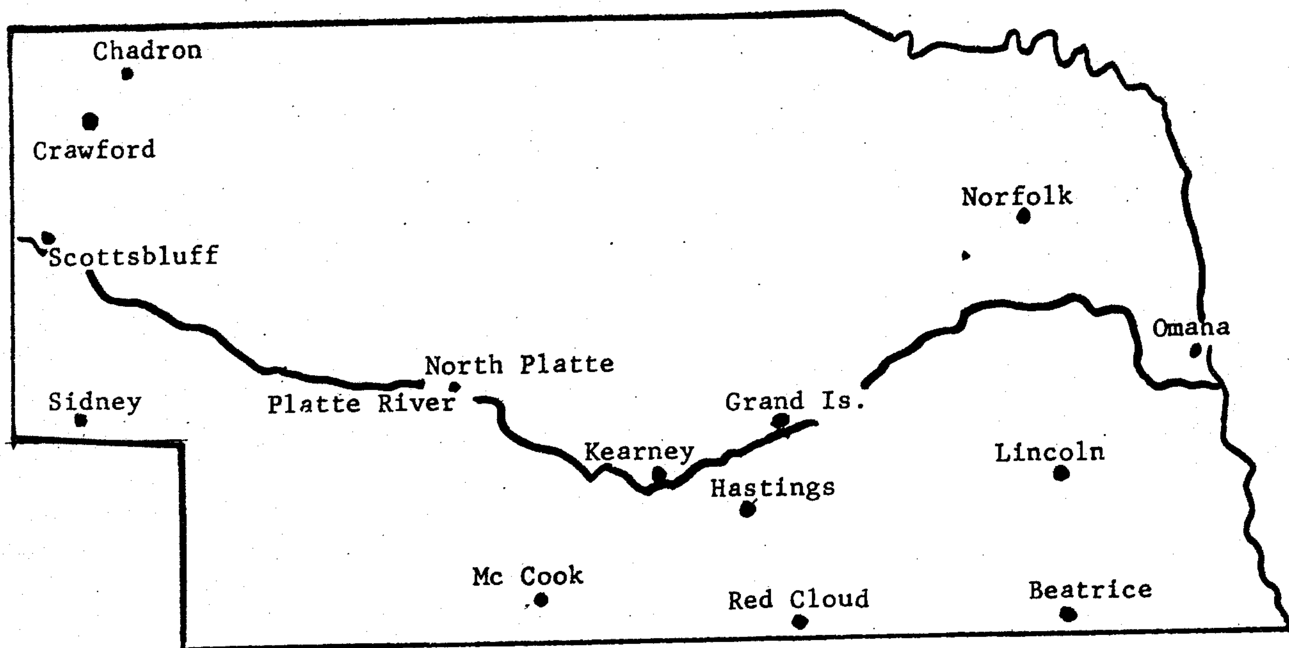
FISCAL INFORMATION: This region is currently part of the Nebraska/South Dakota Regional Medical Program which was funded in the total amount $1,583,391 for core and three projects a period of 18 months, ending June 30,1970. Based on recent budgets for the last six months, the current annual level of support is as follows:

Projects	Direct Costs	Indirect Costs	Total
Nebraska Core & 3 Projects	$790,070	$165,424	$955,494
South Dakota Core & part of Coronary Care Project	$210,430	$51,916	$262,346
Total	$1,000,500	$217,340	$1,217,840

Attachments include "Funding Summary" and "Current Annual Level of Support", both for the Nebraska-South Dakota REgional Medical Program.

South Dakota's planning application for a separate RMP was reviewed by the February 1971 Council. Council recommended approval in the amount $379,500 d.c.o. for the first year ($259,500 for core and $120,000 for South Dakota's part of the Coronary Care project for one year only) with a level of core support $313,000 the second year and $376,000 the third year.

GEOGRAPHY AND DEMOGRAPHY:



Nebraska, encompassing 76,712 square miles, is bordered on the north by South Dakota, to the west by Montana, Wyoming and Colorado, to the south by Kansas and to the east by Iowa and Missouri. Some characteristics of the 1.5 million inhabitants are: 54% urban, 98% white and 30.2 years median age.

Mortality rates per 100,000 are 385 for heart diseases, 161 for cancer, 128 for CNS vascular lesions and 24.4 for kidney diseases.

Health facilities include Creighton University School of Medicine, the University of Nebraska College of Medicine, 9 schools of medical technology, 8 schools of X-ray technology, 1 school of cytotechnology, 14 schools of nursing (R.N.) and 4 schools of practical and vocational nursing.

According to the Journal of the American Hospital Association, Nebraska has approximately 116 registered hospitals with 12,700 beds. Of these only about 48 have more than 50 beds, 24 have more than 100 beds and 19 more than 200. Of the 14 teaching hospitals, all in Lincoln and Omaha, 9 are major teaching affiliates of the two medical schools.

Within Nebraska, there are 1,683 M.D.s (118/100,000), 61 D.O.s (41/100,000) and 4,653 active nurses (288/100,000).

BACKGROUND: The development of the Nebraska-South Dakota Regional Medical Program began in the Fall of 1965 and a request for planning was submitted in October 1966. The application represented individual planning programs by the Nebraska State Medical Society, University of Nebraska Colleges of Medicine and Dentistry, University of South Dakota Medical School and Creighton University School of Medicine. The November 1966 Council recommended approval with an expression of concerns about interrelationships of the five parties in planning and the apparent cumbersome administrative framework.

The Nebraska-South Dakota Regional Medical Program was initally approved for two years of planning beginning January 1, 1967. A site visit was made in September 1968 to assess the Region's capability for operational status (core and four projects). The site visitors observed that the Region was in an early stage of regionalization. Two deterrent factors were the inability to complete major staffing until June 1967, and the need to create a new organizational structure to function as a whole. Planning also seemed to be by intuition rather than by design. There was a lack of adequate data needed to support project planning. Cooperative organization between the three medical schools (University of Nebraska College of Medicine, Creighton University School of Medicine and the University of South Dakota) was noted. There seemed to be good participation by Nebraska physicians, but much less involvement of South Dakota physicians. It was apparent that the Nebraska State Medical Association, the grantee institution, played a dominant role in Regional affairs. The site visitors believed that although the rate of progress in program planning and development was slow, there were beginning signs of regionalization. It was also agreed that continued development of the Region would depend upon the initiation of some operational projects to provide visibility and a focal point for the high degree of enthusiasm displayed. In view of the site visitor's report, the Review Committee and Council concluded that operational status was premature and recommended approval for continuation in the planning phase. Accordingly, the three-year operational application was funded as a renewal planning grant.

The Region applied for support for four operational projects in May 1969. A site visit followed in June 1969 to assess progress and to review the projects. Changes in the bylaws seemed to have influenced progress toward regionalization. Major changes included: (1) designation of the Presidents of the two State Medical Associations to serve on alternating years as Chairman of the RAG; (2) Presidents Elect of the two medical associations to chair the Executive Committee alternating annually; and (3) RAG representation was broadened to include minority group representation, volunteer health organizations and nurses (70 RAG members, 35 from each state). South Dakota, which previously was less enthusiastic about joining with Nebraska as a Region, appeared to have adjusted and was

participating on a more equal basis. The three medical schools continued to maintain cooperative relationships. Planning also seemed to be on a more sound footing. Concurring with the site visitors, the August 1969 Council recommended approval for operational status. The Council, however, remained uncertain as to the real involvement of South Dakota in this program which seemed to be a carefully balanced arrangement between the two Nebraska medical centers. Staff discussed this with the Region representatives in negotiating the award, emphasizing the need for real program outreach - not simply representation on various committees. The Region received an award for core and four projects in the current first operational year.

The first concrete evidence of South Dakota's immense dissatisfaction and possible breakway was in the spring of 1969 when Governor Farrer of South Dakota wrote the Secretary, H.E.W., requesting permission to merge the South Dakota CHP and RMP efforts. A year later, Dr. Robert Hayes, then RMPS Associate Coordinator for South Dakota, in a letter (February 20, 1970) to the Director, RMPS formally announced South Dakota's intention to withdraw from the current two-state RMP and establish its own Region. Subsequent dialogue between RMPS staff, Dr. Hayes, and the Region Program Coordinator led to South Dakota's submission of a preliminary draft application in May 1970.

A staff team visit was made July 15-16, 1970, for the purposes: (1) assess the possibility of keeping the two states together in a mutually acceptable functioning program and necessary mechanics; (2) if South Dakota still desired separation, obtain clarification and elaboration of their draft proposal, which was very general and inadequate; and (3) provide appropriate assistance. Part of the team visited key core staff and a past chairman of the RAG in Lincoln, Nebraska, and joined the rest of the team in Vermillion, South Dakota. South Dakota's intent to separate became crystal clear and Nebraska seemed ready to acquiesce. RMPS staff reactions to South Dakota's draft application were discussed in detail.

The July 1970 Council preferred not to consider South Dakota's separation and the establishment of their own Region in advance of a formal application and the regular review process. For this reason, Council did not address a relevant question, whether or not South Dakota might assume administration of parts of the existing three funded operational projects to Nebraska-South Dakota RMP.

Upon receipt of South Dakota's formal application dated July 22, 1970, the applicant was advised that the issue of separation had to be taken up by the November 1970 National Advisory Council following a visit by two of its members. They were advised that the application would then be processed through the regular review process, Review Committee in January 1971, and final consideration by the February 1971 Council.

Because of the proposed division of the two states, a supplemental application dated July 27, 1970 from Nebraska-South Dakota RMP for $4,616,825 support of 5 new projects for 3 years was returned.

On the basis of the visit October 27, 1970 by two of its members, the November 1970 Council approved the separation. The report of the visit is appended.

To provide interim support for Nebraska-South Dakota Regional Medical Program's core staff and three projects (beginning date January 1), the current first-year award was extended for six months until June 30, 1971 at the current level of support.

The February 1971 Council recommended approval of South Dakota's planning application for three years including support of their part of the coronary care project for one year. An award will probably be effective July 1, 1971 subject to funding restraints.

PRESENT APPLICATION: Support is requested for core for three years and for the continuation of three projects for two years.

GOALS:

" I. To support programs at preventing the development of illness due to Heart, Cancer, Stroke, Kidney and Other Related Diseases.

II. To support the design of better programs for health care of the patient in his own community with reference to the diseases."

OBJECTIVES:

" I. To design better methods for the exchange of health care data.

II. To develop research in training and demonstrations of patient care and to support more effective methods of the delivery of health care.

III. To promote regionalization and cooperative arrangements as means of reducing health care costs.

IV. To work with areawide health councils and other health planning agencies to develop programs necessary to meet, provide or ameliorate the determined health care needs of the community.

V. To improve and update the knowledge and skills of existing community health practitioners through various techniques of continuing education; training courses, demonstration programs, seminars, traveling clinics and access to audio visual communication systems.

VI. To encourage hospitals and nursing homes to join in programs of continuing education for in-service personnel in order that these members of the health team be brought up-to-date on the latest techniques used in nursing care of patients with heart disease, cancer, stroke, kidney disease and other related diseases."

PRIORITIES 1971:

" I. Continuing education to be the primary activity.

II. Development of education programs in community hospitals.

III. Improve communications and coordination with other health organizations.

IV. Assist in all possible manner, efforts of organizations, institutions and medical centers to develop a comprehensive program for the prevention, early diagnosis and treatment of renal disease."

ORGANIZATION: The application includes a list of current RAG composed of thirty-five members. However, Nebraska has revised the by-laws. A new roster of members (RAG, Officers, Executive Committee and Finance Committee) is to be provided prior to the April 1971 site visit. The President of the Nebraska State Medical Association presently serves as Chairman of the RAG.

The by-laws, approved by the RAG January 27, 1971, provides for the election of officers by the RAG; chairman, vice chairman and secretary by the RAG. There is also a provision for an Executive Committee and Budget and Finance Committee.

EVALUATION: The brief description of methods for program and evaluation speaks only to rating proposals.

	Requested First Year
CORE: The request for core budget for personnel in the Central Office, Creighton University School of Medicine, and the University of Nebraska has increased	$394,670

about 19%. The Central Office budget portion includes 12 professionals (10at 100%, 1 at 20% and 1 at 50%) and 6 full-time secretaries. Unfilled positions (5) include, a program planner, a nurse, a health educator, statistician and a secretary. Central Office personnel includes project management personnel of the Coronary Care Communications projects, six positions at approximately $103,700. This transfer was made as a result of the RMPS management assessment visit February 1970. Core staff at the Nebraska College of Medicine ($44,783) and Creighton ($40,448) consists of two professionals and one secretary at each of the two medical schools. Other significant budget items are supplies at $24,200 and travel at $41,000.

The foci of core activities has been the three operational projects. Other activities have included a contract with the Continuing Education Department of the University of Nebraska to provide a series of telephone conferences in the two states and circuit courses.

Nineteen telephone network conferences were conducted for physicians and nurses June 18 through December 15, 1970. Two additional conferences were planned, but were cancelled because of poor reception. Nine conferences reached a total audience of 471 physicians, an average of 52 per conference. Ten conferences reached a total audience of 1,144 nurses, an average 114 per conference. Post conference evaluation in terms of subject interest broadcast quality, usefulness of information, was done by written inquiry. Evaluation response ranged from 28% to 80% (average 59%).

Six circuit courses were conducted in different communities in Nebraska and South Dakota with a total audience of 394 (average attendance 66). Evaluation of two courses dealing with care of terminal patients, indicated courses effectiveness in behavorial change.

Televised continuing education for dentists is under study. One program sponsored by the Region and the South Dakota Dental Association was scheduled to be aired over the educational T.V. networks in both states.

Some effort has been made to establish a closer relationship, with CHP A & B agencies, including a workshop initiated by the N-SRMP. A series of joint conferences are being considered. Sub-regions are to be developed where CHP agencies exist. Two "B" agencies are now in the planning stage and two are operational.

The core staff at Creighton are assisting the planning for that institution's involvement in the Inner City Health Delivery Services, including the development of health centers. This program includes involvement with the Omaha Department of Health, the CHP B agency, and the Greater Omaha Community Action Program. These personnel were also involved in the dental T.V. program; a survey of heart disease in children; and organizing a four-day seminar on health careers management.

The core staff at the University of Nebraska are interested in developing a curriculum for allied health training at the University. These personnel also assist the University's component of the coronary care project. They are also responsible for the coordination of planning a kidney disease program.

Second year: $432,247 Third Year: $440,653

	Requested First Year
Project #1 - Coronary Care Training-This application is for continuing support of Nebraska's part of the project for two years. This project,	$195,174

now in its first year, was approved for three years, $443,647 the first year, $313,138 the second, and $367,871 the third. As a result of study by the task force on heart disease, improved care for acute myocardial infarction patients was given the high priority. As a result, this project proposed coronary care training for physicians, nurses and medical technicians in the Region, and to offer community hospitals technical assistance in maintaining equipment and establishing an information service. Its design was to offer the training programs in several locations and by several modes to provide maximum access to hospitals remote from metropolitan medical centers. The project was to have the potential to train 220 physicians, 330 nurses and 12 technicians annually. The present program represents the cooperative efforts of six institutions as follows: Bryan Memorial Hospital at Lincoln, Creighton University School of Medicine at Omaha, University of Nebraska College of Medicine at Omaha, University of South Dakota, Vermillion, S.D., St. John's McNamara Hospital at Rapid City, S.D., and Sioux Valley Hospital at Sioux Falls, S.D.

According to current revised budgets for the last six months of the current eighteen-month period, the current annual level of support for the three institutions in South Dakota is $118,884 d.c.o. and $194,260 for the three in Nebraska.

South Dakota Regional Medical Program has been approved for support of their part of this project at $120,000 for one year. The award, subject to fiscal restraints, will probably be issued to begin June 1, 1971.

Reasons for the slow start are cited as lateness in the award and tooling up. Fourteen 4-week courses were conducted for 251 nurses in their place of residence. Evening courses reached 73 nurses. The ROCOM system supplemented by physician lectures was rotated among 5 community hospitals for 61 nurses. Another program including a physiological and pharmaceutical workshop were conducted in 12 hospitals for 226 R.N.'s and 40 physicians. Five 2-day refresher courses were held for 174 coronary care nurses. Five technician courses were attended by 23. Two equipment workshops were held in different locations for hospital personnel were attended by more than 70 engineers, nurses and technicians from 17 hospitals. 148 physicians participated in fourteen 2-day seminars. Project personnel visited 70 of (70%) Nebraska hospitals and 46 (70%) of those in South Dakota.

ROCOM teaching packages have been delivered to 18 locations, 9 in each state and 667 have been recipients of this training.

Education by pre and post testing have proven to be of questionable value. Evaluation of trainees performance six months after training is now being done.

Second year; $189,562 Third year: -0-

Project #2 - Communications Facility- This project, now in its first year, was originally approved for three years, $132,715 the first year, $132,715 the second and $171,390 the third.

Requested
First Year
$130,983

South Dakota has indicated no interest in trying to divide the support of this project.

The program is to develop a communications facility located in Omaha involving the facilities and resources of the local educational institutions: Creighton University, University of Nebraska Medical College, University of Nebraska and several teaching hospitals. The facility, as proposed, is to consist of four components:

1. a telephone access information system accessible to medical personnel via a WATS line, a medical tape library service and drug information;
2. resource for referrals;
3. information resource for information and assistance for instructing materials;
4. audio-visual equipment supply and advice.

The program, under the guidance of the project administrator, is operated 24 hours per day, 7 days a week. The project line switch board connects Nebraska, South Dakota, Iowa and Kansas through a series of WATS lines. The drug information service received 390 calls. Study of drug adverse reaction reports is a secondary objective. The media library staff have accumulated some library material and have visited 76% of the hospitals to assist in the development of in-service training programs. A tape library located at the Nebraska College of Medicine, became operational in January 1971 and will provide the service to practitioners in Nebraska, South Dakota and Iowa. The project library now has 100 tapes owned by the University of Nebraska and 90 owned by the N-SDRMP. Iowa is to contribute 150 tapes.

Second Year: $133,981 Third Year: -0-

Project #3 - Mobile Cancer Detection Unit Now in its first year, this project was approved for three years, $134,739 the first year, $128,739 the second and third years.

Requested
First Year
$129,293

The project proposed to provide an improved cancer detection program for the low socio-economic families of Omaha served by the clinics of the two medical schools. The mobile unit is to augment the existing clinic services, and is also to be available to rural concentrations of American Indians. Screening procedures include: oral, colon rectal, breast and uterine. A study is to be conducted to evaluate the effectiveness of the simple screening tests and the automated history

system. The Communications Project is to provide backup on the question-answer phase of the activity. A cancer detection education program at the U.N. was also planned.

The mobile unit is reported to be udder construction as of January 17, 1971 with delivery expected soon. Two nurses, a sociologist, a biostatician, and a secretary have been employed. Equipment including a mammography unit, dental chair amd examining tables has been acquired. The sociologist has done some work towards proposed service for Indians. One nurse requiring additional skills was given training under the direction of the Chairman of the Department of OB-Gyn, Kansas University Medical Center. Project principals visited the Kaiser Permanent Multiphasic Screening Unit in Oakland, California.

Projected scope of work including caseload is not specifically stated.

Second year: $133,801 Third Year: -0-

NEBRASKA-SOUTH DAKOTA FUNDING SUMMARY
RM 00047

PLANNING

Council - November 1966

November 1968

Site Visit - September 1968

1st Year		1/1/67 - 12/31/67	
	Direct Costs	$289,350	
	Indirect Costs	60,989	
	Total		$350,339
2nd Year		1/1/68 - 12/31/68	
	Direct Costs	$281,450	
	Indirect Costs	67,917	
	Total		$349,367
3rd Year		1/1/69 - 12/31/69	
	Direct Costs	$440,375	
	Indirect Costs	70,831	
	Total	1/ 2/	$511,206
Total 3 years		1/1/67 - 12/31/69	
	Direct Costs	$1,011,175	
	Indirect Costs	199,737	
			$1,210,912

1/ The Region was initially approved and funded for two years of planning. Upon review of the three-year operational application, the Review Committee and Council concurred with the site visitors that operational status was premature. Accordingly, the three-year operational application was funded as a renewal planning grant carrying commitments (d.c.o.) $350,239 the second year and $738,832 the third year. The Region became operational beginning January 1, 1970, and continuation of core, reviewed by staff, was funded for one year with a commitment the second year; core support must be renewed for the third operational year prior to January 1, 1972.

2/ The renewal award for the third year of planning included $107,880 ($102,520 direct costs and $5,360 indirect costs) for one year additional planning of two projects, #2 - Audio Visual Continuing Education Services and #3 - Coronary Care Program. Project #4 - Stroke Rehabilitation Technician Training - was disapproved.

OPERATIONAL 1/1/70 - 12/31/72

Council - 1969 August and December
Site Visit - 1969 June

	Approved Period	Direct Costs			
		Funded		Approved Future Level	
Core 1/	2 years	(01)	$443,647	(02) 1/ (03)	$425,903 -0-
#1 - Coronary Care	3 years	(01)	313,138	(02) (03)	313,138 367,871
#2 - Facility Communications	3 years	(01)	132,715	(02) (03)	132,715 171,390
#3 - Stroke Education	Approved - Not Funded				
#4 - Neoplastic Disease	3 years	(01)	134,739	(02) (03)	128,739 128,739
TOTALS as of December 28, 1970		*(01)	$1,024,239	(02) (03)	$1,000,495 $668,000

Note* 01 year award includes authorized use of carryover $23,744 ($17,744 Core and $6,000 mobile unit #4)

Approved - Not Funded

#3 - Stroke Education

	01	02	03	Total
Direct Costs	$187,350	$187,350	$187,350	$562,050

TOTALS as of December 29, 1970 (01) $1,312,992 (02) -0-

(03) -0-

The 01 award was amended December 29, 1970 to extend the period for six months with additional funds. No future commitments were made because of the decision to dissolve the current bi-state structure and form two separate regions.

NEBRASKA - SOUTH DAKOTA REGIONAL MEDICAL PROGRAM

RM 00047

Current Annual - Level of Support Based on Budgets for the Period 1/1/71-6/30/71

	Nebraska			So. Dakota			Total		
	Direct Costs	Ind. Costs	Total Costs	Direct Costs	Ind. Costs	Total Costs	Direct Costs	Ind. Costs	Total Costs
Core	$334,358	$77,430	$411,788	$91,546	$24,006	$115,552	$425,904	$101,436	$527,340
Coronary Care Project	194,260	34,896	229,156	118,884	27,910	146,794	313,144	62,806	375,950
Communi-cations Project	132,714	13,834	146,548				132,714	13,834	146,548
Cancer Mobile	128,738	39,264	168,002				128,738	39,264	168,002
	$790,070	$165,424	$955,494	$210,430	$51,916	$262,346	$1,000,500	$217,340	$1,217,840

RMPS Vist to South Dakota

Vermillion, South Dakota

Date: October 27, 1970

Place: School of Medicine, University of South Dakota (Vermillion)

RMPS Visitors: Bruce Everist - National Advisory Council, RMPS

Clark Millikan - National Advisory Council, RMPS

Personnel from South Dakota:

Dr. Henry Parrish, Acting Director (Program Coordinator)
South Dakota Regional Medical Program

Dr. Robert H. Hayes State Health Officer

Dr. J. Patrick Steel, Radiologist, Yankton, South Dakota; Member, National Advisory Council, National Institute of General Medical Sciences

Earl B. Scott, Ph.D., Professor of Anatomy, University of South Dakota, School of Medicine

Dr. Robert Quinn, Past President, North Dakota State Medical Association

Mr. William Murphy, Executive Secretary, State Hospital Association

Dr. Warren L. Jones

Mr. Richard Erickson, Executive Secretary, South Dakota State Medical Association

Mrs. Bertha Damm, Executive Director, South Dakota State Nurses Association

Mr. Peter Zwier, Executive Secretary, American Cancer Society, South Dakota Division

Dr. Bruce Lushbough

Mr. James R. Nordstrom, SDRMP Staff, 20 per cent

Mr. G. Halter, SDRMP Staff, 100 per cent

Mrs. Schwab, SDRMP Staff, 100 per cent

Mr. Don Brekke, SDRMP Staff, 50 per cent (SDCHP Staff, 50 per cent)

Miss Gloria Hansen, SDRMP Staff, 100 per cent

Executive Assistant of President Richard L. Bowen, University of South Dakota

Dr. George W. Knabe, Jr., Dean, University of South Dakota, School of Medicine

General: The Nebraska-South Dakota Regional Medical Program apparently began amiably in 1966 with what appeared to be a rational approach to regionalization involving two adjacent states. Enthusiasm was apparently high in both states. Some of the difficulties described at the time of our visit were:

1. The meetings were apparently held in Nebraska, and the South Dakota representatives had to spend considerable time traveling to and from Omaha. Without adequate airplane service, this meant a two-hour drive each way at a bare minimum.

2. Ideas were germinated in South Dakota and come to fruition in Nebraska with little substitute change.

3. Principal core personnel were placed in the two universities in Nebraska without similar attention or recognition at the University of Sout Dakota.

4. As South Dakotans see it, they were treated as country cousins; made to feel that they were lacking in sophistication, and therefore, having to attempt to make up for this with sincerity, enthusiasm and dedication.

5. The South Dakotans believe that there was inequity in the distribution of funds.

6. A variety of other items described in detail on pages 18, 19, 20, and 21 of the printed new planning grant application for a South Dakota Regional Medical Program.

New application:

RMP-CHP relationship. There is described an attempt to partially merge these two organizations. This was initiated by the Governor with a letter to H.E.W. and was concurred in by the power structure of medicine in South Dakota. This change (from the traditional arrangement) is that the Regional Advisory Group will be identical for both organizations and that certain

individual employees may receive partial stipending from CHP and partial stipending form RMP (Mr. Don Brekke). There will be separate offices and separate directors for the two organizations. In a state with a limited number of professional people, this arrangement would seem to make good sense, save time and allow for greater cooperation among all involved persons. Currently, there is an A agency (annual budget 140,000 dollars) and one B agency that has not been funded (Rapid City). In the budget for the RMP planning grant application, it is proposed that six representatives be paid from the RMP budget but act as RMP-CHP representatives in the six regions of the state and that they initiate, as part of their job, the development of more B agencies. There is precedence for this in West Virginia and Alabama. There need not be any specific difficulty arising from this arrangement; the cooperative undertaking might well be an interesting experiment.

Bylaws of the Regional Advisory Group of the South Dakota Regional Medical Program. On the face sheet of the application, it is stated that the recipient of the grant will be the School of Medicine, University of South Dakota, Vermillion, South Dakota. This should be a bit more carefully defined in the body of the application as on page 23 "the University of South Dakota" is mentioned, rather than the medical school as well as the matter on page 28 of the "appointment and dismissal (Director of the RMP) shall be made by the University of South Dakota" being of concern to the Dean of the medical school who wants to be certain that the distinction between the over-all university and the medical school is absolutely clear.

Proposed Core. The prospective use and activity of the core staff, for which budget support is requested, is impossible to evaluate from the document given us. At the time of our visit to Vermillion, the authors of the application stated that they had originally planned to write a much more elaborate and detailed grant proposal but had been advised by staff to delete all extraneous material. The result is a synopsis of a synopsis and gives merely a listing of 16 professional staff people plus 10 other employees. We tried to discuss the duties of each of the professional people and it became more and more evident that this list constitutes an attempt to bring a basic staff of public health professionals into the state. The list includes: a biostatistician, an epidemiologist, medical sociologist, and a community developer. It appeared obvious that if these people can be found and employed, they probably would wear "many hats" but would share a basic dedication to improving the health of the people of South Dakota. It was obvious that the acting director of the proposed South Dakota RMP (Doctor Parrish) is public health oriented and has had experience in the mechanics of developing a foundation for health planning.

We asked that the job descriptions of these 16 professional people be sent to the staff (in another document) prior to the National Advisory Council meeting November 9 and 10.

University of South Dakota Medical School relationship with RMP. There apparently has been some uneasiness between the medical school and the Nebraska-South Dakota Regional Medical Program. Dr. George W. Knabe, Jr., the current dean, has had some interest but little participation in the Nebraska-South Dakota RMP and has been annoyed by the RMP demands on the time of the medical school personnel. Now that the associate dean, Doctor Parrish, is the acting director of the South Dakota RMP, the dean is further annoyed by the amount of time demanded of Doctor Parrish in developing the new RMP. Communication between the RMP personnel and Doctor Knabe has been faulty. Doctor Knabe has not been privy to the development and content of the current proposal, and is somewhat uncertain about some aspects of the document but does endorse the participation of the medical school in carrying out the objectives of the proposal. The dean is particularly interested in getting a full-time director of the proposed South Dakota RMP so that Doctor Parrish may return to full-time activity in the University Medical School. As we review the discussion in Doctor Knabe's office, we feel there was more pique than substance in his uncertainties.

Projects: The South Dakota group of the Nebraska-South Dakota Regional Medical Program has apparently lost interest in the communications project and the cancer project but they continue to be vitally interested in the coronary care project which has approved funding for a period of three years. The share of this project going to South Dakota is $120,000 a year of which $50,000 funds activities centered in the University of South Dakota Medical School and $70,000 funds the activities centered in Sioux Falls, South Dakota, and Rapid City, South Dakota. From their description of the project's success so far, it would seem that they have made a significant beginning with outreach to the smaller hospitals for continuation and with courses of two days' duration at the University. So far the instruction is primarily directed toward physiology, pharmacology and anatomy. The activities centered at Sioux Falls, South Dakota, under the direction of Doctor Woods appear to be more clinically oriented with a demonstration type coronary care facility. The entire group with whom we visited were unanimous in their hearty recommendation of need to continue this project as they refer to it as the first tangible evidence of "action" by RMP in South Dakota. In discussing the future, it appears that South Dakotans do not have any projects ready for immediate submission but do have a portfolio containing 22 project ideas in various stages of development. These have previously been discussed by the Nebraska-South Dakota RMP Regional Advisory Group.

Recommendations:

1. South Dakota be designated as an independent RMP

2. Arrangements be made to supply "core support" of at least $40,000 per year to the new South Dakota RMP. If further written description of plans and of functions of the expanded core personnel requested by South Dakota is forwarded to the RMP Washington office, the staff and National Advisory Council consider increasing the $40,000 annual core support immediately.

3. Funding of the coronary care project in South Dakota be continued; $120,000 per year -- total time three years.

4. South Dakota RMP be moved to "operational status" as soon as an acceptable operational grant application is received and processed.

5. Details of the separation of Nebraska-South Dakota RMP into Nebraska RMP and SDRMP be constructed and carried out by the Washington RMP staff -- being certain that the Nebraska RMP receives appropriate funding in the new arrangements.

RMPS/GRB 12/8/70

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

NEBRASKA REGIONAL MEDICAL PROGRAM
RM 00068 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Approval as a separate and new Region with operational status for three years at the current level with conditions: 1) the concerns of visitors be re-communicated back to the Region; 2) the review of the second year continuation request include a site visit to assess progress; and 3) the level of funding be increased if significant progress is achieved in the first year.

	Direct Cost	
	Requested	Recommended
01	$850,120	$790,070
02	889,591	790,070
03	440,653	790,070
TOTAL	$2,180,364	$2,370,210

Because the Region did seem to be fully informed about the triennial process, the site visitors recommended more funds for the third year tentative commitment than were requested to enable the Region to make reasonable program projections. The specific amount recommended was based on Nebraska's portion of the revised budgets for Nebraska-South Dakota for the period 1/1/71-6/30/71 as reported by staff. The Committee did not fully discuss the implications of the recommendations for third-year funding in the absence of the specific request, however, as in Western Pennsylvania action, the Committee assumed that new projects would require national review and approval.

CRITIQUE: The Committee accepted the report and recommendations of the April 1-2, 1971 site visitors.

Major questions by the visitors addressed the actual involvement of the RAG, differentiation in the roles of the RAG and the grantee, core staff capability and the Region's potential as a viable operative change agent. Splintered relationships with South Dakota and very recent reorganization of Nebraska as a separate Region were taken into account in this assessment.

New By-Laws were adopted January 1971. With the exception of three designated members representing the State Medical Association, the RAG elects its own members and officers. Staff members of the Region and

grantee institution may not serve as regular voting members of the RAG or its Committees. Since the present application was submitted, a new RAG has been formed and is comprised of 29 persons. Eleven (40%) of the RAG members are new and the new chairman is a consumer representative (lady rancher and former U.S. Senator).

On the plus side, there are some positive features of NRMP. These include strengthened relationships between the two medical schools as a result of involvement with the Region. There are also good relationships between the Region, medical schools, and practicing physicians. The coronary care and the communications projects auger well for the Region. The visitors question the direction of the cancer mobile detection project as currently perceived by the project director. Core activities, many by individual initiative rather than central design, include assistance in developing neighborhood health centers, planning a health agency management course, assistance in heart sound screening, developing Allied health curriculum, and coordinating planning for a kidney disease program.

On the minus side, the operating objectives and priorities need to be better defined and understood by all concerned. The program management needs to be substantially strengthened: 1) stronger and more effective central program direction under a more skillful coordinator; 2) the role of RAG should be strengthened with clear operating objectives and procedures; 3) the role of the grantee should be redefined and separated from the RAG; 4) better utilization of available core staff resources in program planning, monitoring, and evaluation; 5) more effective utilization of resources in defining needs and program development; 6) organized plans for phasing projects into other funding mechanisms; and 7) strong involvement of Core and RAG in directing the mobile cancer project.

Dr. Henry Lemon was not present during the discussion of this application.

RMPS/GRB/4/21/71

ADMINISTRATIVE CONFIDENTIAL

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: April 8, 1971

Reply to Attn of:

Subject: Quick Report on the Nebraska Site Visit April 1-2, 1971 (Lincoln, Nebraska)

To: Director
Regional Medical Programs Service

THROUGH: Acting Deputy Director
Regional Medical Programs Service

I. Site Visit Team:

Consultants

* Joseph W. Hess, M.D.
(Review Committee)
Director, Division of Education & Research
Wayne State University
Detroit, Michigan

Sister Ann Josephine
(Review Committee)
Administrator
Holy Cross Hospital
Salt Lake City, Utah

Joseph W. Sabatier, Jr., M.D.
Director
Louisiana Regional Medical Prog.
New Orleans, Louisiana

Amos P. Bratrude, M.D.
Private General Practicing Physician
Omak, Washington

* Chairman

RMPS Staff

Miss Carol M. Larson
Continuing Education Branch

C. Ray Maddox
HEW Region VII, RMPS Rep.

James Smith
Regional Developmental Branch

Luther J. Says
Grants Review Branch

II. STRUCTURE

The meeting was structured along the lines previously suggested by the site visit team. Although the entire meeting was conducted in Lincoln, there was a good cross-sectional representative group of about 42. The purposes of the visit were managed through three major sessions and a number of small group discussions with participation by appropriate persons. The RMPS "Program Review Criteria", provided to both the Region and visitors prior to the visit, served as a check list and outline for the official site visit report.

The first two sessions (5 hours) during the first day focused on the Region's organizational structure; the decision making processes; goal objectives and priorities; and program accomplishments and objectives. The discussions were further amplified in less inhibited small groups (2 hours); RAG, Medical Society and Hospitals and Health Interests. Participants represented RAG, Executive Committee, Grantee, two medical schools, practicing physicians, hospitals, CHP, nurses, State Health Department, project directors, volunteer agencies and core. There were very few consumer representatives.

The third session (2 hours) during the second day centered on organizational internal affairs including fiscal management, staff organization, functions, and budget. Participants included all principal staff and the President-Elect of the Nebraska Medical Association (also vice-chairman of the RAG and Executive Committee). The visitors met privately with two core staff members having obvious expertise in program planning, development, management and evaluation.

The site visit was concluded with a feed-back session (1 hour) with the coordinator and three RAG officers. One officer also represented the grantee. Recommended funds were not discussed. The Region requested a visit by RMPS staff in about 6-8 months to assist them in appraising progress in light of the site visitors' recommendations. A more general feed-back followed open to all interested persons.

SUMMARY: Major questions by the visitors addressed the actual involvement of the RAG, differentiation in the roles of the RAG and the grantee, core staff capability and the Region's potential as a viable operative change agent. Splintered relationships with South Dakota and very recent reorganization of Nebraska as a separate Region were taken into account in this assessment.

New By-Laws were adopted January 1971. With the exception of three designated members representing the State Medical Association, the RAG elects its own members and officers. Staff members of the Region and grantee institution may not serve as regular voting members of the RAG or its Committees. One third of the new RAG members are new and the new Chairman is a consumer representative (rancher and former U.S. Senator). The Governor is listed as one of the ex officio members.

On the plus side, there are some positive features of NRMP. These include strengthened relationships between the two medical schools as result of involvement with the Region. There are also good relationships between the Region, medical schools, and practicing physicians. The coronary care and the communications projects auger well for the Region. The visitors question the direction of the cancer mobile detection project as currently perceived by the project director. Core activities,

many by individual initiative rather than central design, include assistance in developing neighborhood health centers, planning a health agency management course, assistance in heart sound screening, developing allied health curriculum, and coordinating planning for a kidney disease program.

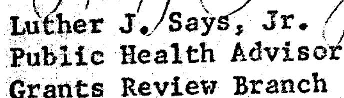
On the minus side, the operating objectives and priorities need to be better defined and understood by all concerned. The program management needs to be substantially strengthened; 1) stronger and more effective central program direction under a more skillful coordinator; 2) the role of RAG should be strengthened with clear operating objectives and procedures; 3) the role of the grantee should be redefined and separated from the RAG; 4) better utilization of available core staff resources in program planning, monitoring, and evaluation; 5) more effective utilization of resources in defining needs and program development; 6) organized plans for phasing projects into other funding mechanisms; and 7) strong involvement of Core and RAG in directing the mobile cancer project.

RECOMMENDATIONS: Approval as a separate and new Region with operational status for three years at the current level with conditions: 1) that the concerns of visitors are communicated back to the Region; and 2) the review of the second year continuation request include a site visit to assess progress and 3) that the level of funding be increased if significant progress has been achieved.

	Direct Costs	
	Requested	Recommended
01	$850,120	$722,914
02	889,591	722,914
03	440,653	722,914

Because the Region was not fully informed about the triennial process, more funds are recommended for the third year tenative commitment than were requested.

The recommended amount is based on Nebraska's portion of the revised budgets for Nebraska-South Dakota for the period 1/1/71-6/30/71 ($790,070) less the recent reduction of 8.5 percent.



Luther J. Says, Jr.
Public Health Advisor
Grants Review Branch

D R A F T
L.J. SAYS 4/8/71

SITE VISIT
NEBRASKA REGIONAL MEDICAL PROGRAM
APRIL 1-2, 1971

RMPS VISITORS:

Review Committee

Joseph W. Hess, M.D., Chairman
Detroit, Michigan

Sister Ann Josephine
Salt Lake City, Utah

Consultants

Amos P. Bratrude, M.D.
(private practicing physician)
Omak, Washington

Joseph W. Sabatier, M.D.
(Dir. Louisiana RMP)
New Orleans, La.

Staff

Miss Carol M. Larson
Continuing Education Branch

James Smith
Regional Developmental
Branch

C. Ray Maddox
HEW Region VII
Kansas City, Mo.

Luther J. Says, Jr.
Grants Review Branch

NEBRASKA REPRESENTATIVES:

RAG

Mrs. Eva Bowring, Chairman
(Consumer)
Rancher & former U.S. Senator
Merriman

W. Robert Brungard, Secretary
Hospital Administrator
Lincoln

Joseph M. Holthaus, M.D.
Dean, Creighton University
School of Medicine
Omaha

Rodger D. Mason, M.D.
Vice Chairman
Pres. Elect.Neb. Med. Assn.
Practicing Phy.-G.P.
General Surgery
McCook

Clarence R. Brott, M.D.
Immediate Past Chairman
General Practice
Pres. Neb. Med. Assn.
Beatrire

Robert B. Kugel, M.D.
Dean, University of Nebraska
College of Medicine
Omaha

C. J. Cornelius, M.D.
General Practice
Sidney

J. Whitney Kelley, M.D.
Practicing Phy.-Psychiatry &
Neurology
Omaha

Daniel M. Miller, M.D.
Chairman, Budget &
Finance Committee
General Surgery
Omaha

Frank H. Tanner, M.D.
Practicing Pathologist
Past Chairman of RAG
Past Pres. Neb. Med. Assn.
Lincoln

Richard E. Bradley, D.D.S.
Dean, University of Nebraska
College of Denistry
Lincoln

Henry D. Smith, M.D.
Director of Health
State of Nebraska
Lincoln

Jean Doty, R.N.
Representing Nebraska
Nurses Association
Director of Nursing,
Creighton Memorial
St. Josephs Hospital
Omaha

Project Personnel

Henry M. Lynch, M.D.
Project Director Cancer Mobile
Professor of Preventative
Medicine, Creighton
Omaha

Doctors Marcy (CCU)
and Morris (Communications)
Project Directors
are full time Core staff members

Cancer Mobile -
Mrs. Jane Lynch, R.N.
Asst. Director
Mrs. Anne Krush
Social Worker
Miss Carol Kraft, R.N.
-Gyn nurse
(All) Omaha

Other Nebraska Representatives

Mrs. Calista C. Hughes
Director, CHP "A"
Lincoln

Wilber Kizer
Hospital Administrator
Bierwill

Sharon Ryan R.N.
Auburn

Adrienne Odgaard, R.N.
Columbus

Sister Paschala Noonan
Hospital Administrator
McCook

Robert R. Moutrie
Dir. Cont. Educ.,
University of Nebraska
College of Medicine
Omaha

Core Staff

Central office (Lincoln) -

Harold S. Morgan, M.D.
Coordinator

Deane S. Marcy, M.D.
Deputy Coordinator
& Project Dir., CCU

George L. Mooris, Jr., Ed. D.
Project Director
Communication Facility

Darrell D. Buetlow
Adm. Asst.

* Kenneth E. Neff
Fiscal Adm.
Executive Secretary
Nebraska Med. Assn.
(grantee)

* William Schellpeper
Deputy Fiscal
Adm.
(Employee of grantee)

Core staff at Unv. of Nebraska College of Medicine, Omaha

* J. P. Tollman, M.D.
Associate Coordinator
and Planning Director

Sally Chapple
Planning Asst.

Core staff at Creighton School of Medicine, Omaha

William W. Wood, M.B.A.
Associate Coordinator
and Planning Director

Hattie DeLapp
Planning Asst.

* Part time from RMPS funds

PURPOSE OF THE VISIT: In response to Nebraska's initial application for operational status as a separate Region, the site visit was conducted to assess program structure, achievements and capability. Prior to the visit, RMPS documents "RMP Review Process Requirements and Standards" and "Program Review Criteria" were provided to the Region and site visitors. The visitors used the latter as a check list and as an outline for this report. At the outset, it was made clear that the site visit was also intended to be helpful to the Region.

SUMMARY: The historical development of the currently funded Nebraska-South Dakota Regional Medical Program was taken into account.

The long period of inertia due to the splintering relationships between the two states, and the very current reorganization efforts by Nebraska were recognized and considered by the visitors.

Although the entire meeting was conducted in Lincoln, there was a good cross sectional representative group of about 42. The meeting was structured along the lines previously suggested by the site visit team. The purposes of the visit were managed through three major sessions and a number of small group discussions with participation by appropriate persons.

The first two sessions (5 hours) during the first day focused on the Regions organization structure; the decision making processes; goal objectives and priorities; and program accomplishments and objectives. The Discussions were further amplified in more uninhibited small groups (2 hours); RAG, Medical Society and Hospitals and Health Interests. Participants represented RAG, Executive Committee, Grantee, two medical schools, practicing physicians, hospitals, CHP, nurses, state Health Department, project directors, volunteer agencies, and core. There were very few consumer representatives.

The third session (2 hours) during the second day centered on the core staff organization, internal affairs including fiscal management, functions, and budget. Participants included all principal staff and the President-Elect of the Nebraska Medical Association (also vice-chairman of the RAG and Executive Committee). The visitors met privately with two core staff

members having obvious expertise in program planning, development, management and evaluation. The Associated Coordinator for the Creighton and the project director for the Communications Facility.

The site visit was concluded with two feed-back sessions (1½ hours) beginning with the coordinator and three RAG officers. One officer also represented the grantee. Recommended funds were not discussed. The Region requested a visit by RMPS staff in about 6-8 months to assist them in appraising progress in light of the site visitor's recommendations. The visit ended with a general feed-back open to all interested persons.

GOALS, OBJECTIVES AND PRIORITIES

Though congruent with the law, the goals are too general and do not reflect an assessment of regional needs. Also since the operational procedures are not clearly defined, it is difficult to determine whether the goals are significant in decision-making.

The stated goals are:

1) To support programs aimed at preventing the development of illness due to heart disease, cancer, stroke, kidney and other related diseases

2) To support the design of better programs for health care of the patient in his own community with reference to the above diseases.

The operating objectives do not correlate very well with goals, nor are they specific enough or data based.

Three of the six objectives can be construed as being derived from the goals, namely: 4) to work with area-wide health councils and other planning agencies to develop programs necessary to meet, provide or ameliorate the determined

health care needs of the community; 5) to improve and update the knowledge and skills of existing community health practitioners through various techniques of continuing education; training courses, demonstration programs, seminars, traveling clinics and access to audiovisual-communication systems; and 6) to encourage community hospitals and nursing homes to join in programs of continuing education for in-service personnel in order that these members of the health care team be brought up to date on the latest techniques used in the nursing care of patients with heart disease, cancer, stroke, kidney disease and other related diseases.

None of the objectives have an obvious relationship to goal no 1.

Priorities seem to have been derived from taking the "federal pulse for the dollars" rather than primarily from regional needs. Priorities No. 1 (continued education) and No. 2 (development of educational programs in community hospitals) relate to objective 5 and 6. Priority No. 3 (improve communication and coordination with other health organizations) relates to objective 4.

There are three projects in the operational stage. The coronary care training program relates to goal, 2, objectives 5 and 6, and priorities 1 and 2. The inservice training program, the Regional Medical Media Library and the telephone conference aspects of the communications project likewise can be justified under goal 2, objective 5 and 6, and priorities 1 and 2. The mobile cancer detection project as currently conceived by the project director may relate to goal 1, but does not bear a close relationship to any of the objectives or priorities although some members of the RAG feel that it has potential as a tool for continuing education and improved patient care.

A number of Core staff activities relate to objective #4. These include 1) the efforts of core staff assisting with the development of neighborhood health centers in Omaha, 2) establishing an effective relationship with CHP, 3) assistance to Nebraska Heart Association in conducting a heart defect (cardioscan) screening program in two communities (Omaha and ?) 4) coordination and planning for a kidney disease program, 5) developing a curriculum for the training of Allied Health personnel. The latter activity relates more to the need identified in the 1968 survey than it does to the stated goals or objectives.

II. ORGANIZATION

The new bylaws enclosed with the application were adopted January 27, 1971. The major change is that, with the exception of three designate members representing the Nebraska Medical Association (grantee), the RAG elects its own members and officers. Also, staff is no longer eligible for voting membership on the RAG or its Committees. Under the former N-SDRMP bylaws, the presidents of the two state medical associations served on alternating years as chairman of the RAG and presidents-elect served as chairman of the Executive Committee. Ex-officio members of the RAG shall be the Executive Secretary and Speaker of the House of Delegates of the Nebraska State Medical Association, the Coordinator and Veterans Administration representative without voting priviledges. The visitors believed the latter should have a vote.

Since the present application was submitted, a new RAG has been formed and is conprised of 29 persons, eleven (40%) of whom are new. Physicians account for 50% of the membership. Fourteen percent are consumers and thirty-six percent represent hospitals, organizations including voluntary and official agencies, and health planners. The new Chairman is a lady rancher and

of the Medical Association and the Secretary is a hospital administrator. These officers also head the nine-man Executive Committee. Committees, all filled, include a Nominating Committee, Budget and Finance, Ad Hoc Study and Development for Diabetic Education and Ad Hoc Study and Development for Renal Disease. The former categorical task force committees have been eliminated in favor of ad hoc committees.

The RAG has spotty participation of key regional groups and interest. The visitors question the advisability of simultaneous membership (dual roles) by several members on the policy-making committee of the grantee organization and the RAG. The newly reorganized RAG is too new to assess their operative effectiveness within the region, but it does have potential.

Technical review structure and process are inadequately defined.

The Coordinator has not developed a strong sense of program direction and cohesion. Though, a very pleasant man and a respected physician, he lacks the administrative skills necessary to employ the management techniques which are an essential ingredient for an RMP. This is reflected in a core staff which is not functioning as a unit and are limited in their ability to function as a regional resource.

The Core staff does reflect a relatively broad range of professional competence. Some fairly substantial management capability exists but is not being effectively utilized. The balance between central and institutional components seems reasonable and development of field offices is in the planning stage. Two of the projects are field activities and have reached into a number of outlying areas of South Dakota and Nebraska.

The administration of fiscal affairs by the grantee and their auditors are in good order. There is a continuous audit of core and project s with monthly computerized reports to the grantee institution and RMP. However, there is no evidence of parallel management control of project progress by core. The grantee institution seems to exert excessive interest in policy determination.

Sub-regionalization plans appear to be along CHP "b" lines but there is evidence of inadequate planning. Necessary relationships with CHP and others relative to subregionalization are poorly defined. The Region plans to establish its first sub-regional office at Kearney. Four CHP"b" agencies have been funded.

III. Involvement of Resources:

Probably because the grantee organization is the Medical Association, there is a good involvement of practicing physicians and organized medicine. The team has the impression that the region's other health and related interests, institutions groups and agencies are not as actively involved.

The involvement of the Nurses' Association in the RMP has not been as effective as it might be. Nurses have availed themselves of Coronary Care Training; however, the Executive Secretary of the Nebraska Nurses Association feels that the RMP should also focus on other aspects of nursing care, such as care of the cancer and stroke patient. She also believes that more input concerning program content should be solicited from the nurses. The addition of a nurse to the core staff would be a worthy consideration. The team was informed that the Associate Coordinator for the University of Nebraska Medical School is actively involved in curriculum planning for allied health including new types, i.e., physician assistants. However, it appeared that the core staff in general was not sufficiently aware of the needs for health manpower planning and development.

The visitors were not impressed by the effectiveness of the State Health Department's programs as they relate to RMP.

CHP - A Agency, and other health planning agencies, have limited their involvement in the RMP to the institutional level in the Omaha area.

However, the Executive Secretary of CHP has been appointed to the new RAG.

Recently a Comprehensive Health Association Agency of Omaha, a new voluntary non-profit corporation, has been registered in the state. It will be interesting to see what relationships develop between RMP - CHP and the newly formed Agency.

IV. Assessment of Needs, Problems, & Resources:

The only systematic identification of needs that was produced for the site visitors was an opinion survey conducted in South Dakota and Nebraska in 1968.

The survey was directed to 3 groups of health professionals: physicians, nurses and hospital administrators. All 3 groups agreed that the principal problems which need to be overcome to improve the care of patients with heart disease, cancer and stroke were:

- the shortage of nursing personnel (40-50% of respondents)
- inadequate extended care facilities (30-44% of respondents)

Following the above were listed:

- Shortage of paramedical personnel (20-30%)
- Shortage of acute care facilities (Intensive care and

V PROGRAM IMPLEMENTATION AND ACCOMPLISHMENTS

Core Activities of the bi-state N-SDRMP, which began in 1967, are not impressive. and the reorganization efforts as a separate region have begun.

The Coronary Care and the Communications Facility projects have apparently been well accepted and merit continued support. The site visitors have serious concern about the Mobile Cancer Detection project as currently conceived by the Project Director. Although some project personnel have been on board since August 1971, the equipped trailer unit was not delivered until late March 1971. Some of the more knowledgeable RAG members believe this project has potential public and professional education values if its course is redirected.

VI Evaluation

The evaluation plan or strategy varies from project to project. The Coronary Care Training project incorporates plans for evaluation of learning both short term and long term. Site visitors were told that there are plans to evaluate the impact of this activity on patient care and mortality rate, but this aspect of evaluation has not been formalized as yet.

The Communication project is quantifying utilization of the 4 elements of the project. User satisfaction is also being assessed.

The project director for the Mobile Cancer detection project has no organized plans for evaluation and core staff were vague as to what they were going to do about it.

The core staff appears to possess at least one person with the capability of assisting project developers in designing adequate plans for evaluating outcomes. However, he is not being utilized consistently in this fashion at the present time. His only responsibility appears to be for the project of which he is the director.

Members of the RAG clearly indicated that they are not receiving adequate information to enable them to make informed decisions in a number of areas, including ongoing project evaluation. This is a serious deficiency which demands prompt and effective action.

The Core staff appeared to be reasonably well up-to date on the progress of individual projects but the available information is not being passed on to the RAG. There is a serious deficiency on the part of the coordinator in understanding the relationship between project development, project, progress review program goals.

The RAG identified the need for a "Resource and Development Committee" whose membership is as yet undefined, but whose function is to assist them in defining needs, developing programs and projects, and providing ongoing evaluative data. This committee is seen as a potential mechanism whereby the RAG can be better informed and can exercise a stronger voice in management of activities in the region.

CONCLUSIONS:

On the plus side, there are some positive features of NRMP. These include strengthened relationships between the two medical schools as result of

involvement with the Region. There are also good relationships between the Region, medical schools, and practicing physicians. The coronary care and the communications projects auger well for the Region. The visitors question the current direction of the cancer mobile detection project. Core activities, many by individual initiative rather than central design, include assistance in developing neighborhood health centers, planning a health agency management course, assistance in heart sound screening, developing allied health curriculum, and coordinating planning for a kidney disease.

On the minus side, the operating objectives and priorities need to be better defined and understood. The program management needs to be substantially strengthened.

A - There is the need for stronger and more effective central program direction. A stronger and more knowledgeable program coordinator is needed.

B - The role of the RAG should be strengthened. For example the RAG should have a strong role in the selection and in the continuing education of the Coordinator and Program Management. The following documents should be developed and officially adapted by the RAG:

1) Mechanism of appointment of Committees
2) Objectives of each Committee
3) Procedure for reallocation of funds with NRMP

4) Procedures for monitoring projects over programs

5) Procedures for project development

6) Procedures for project review

7) Procedures for project termination

C - The role of grantee organization should be redefined separately from RAG.

D - The capabilities of the already available resources on core staff should be more effectively utilized in

1) Program planning

2) Program monitoring and evaluation

E - Available resources should be utilized more effectively in defining needs and carrying this through to project operation.

F - There should be organized plans for phasing worthwhile projects to other funding mechanisms.

G - There should be strong involvement of core staff and RAG in directing the course of the mobile cancer project.

RECOMMENDATIONS:

Approval as a separate and new Region with operational status for three years at the current level with conditions: 1) that the concerns of visitors are communicated back to the Region; and 2) the review of the second year continuation request include a site visit to assess progress and 3) that the level of funding be increased if significant progress has been achieved.

	Direct Costs	
	Requested	Recommended
01	$850,120	$722,914
02	889,591	722,914
03	440,653	722,914

Because the Region was not fully informed about the triennial process, more funds are recommended for the third year tenative commitment than were requested. This will allow the Region to make some reasonable program projections.

The recommended amount is based on Nebraska's portion of the revised budgets for Nebraska-South Dakota for the period 1/1/71-6/30/71 ($790,070) less the recent reduction of 8.5 percent.

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN ANNIVERSARY TRIENNIUM GRANT APPLICATION
(A Privileged Communication)

NORTH CAROLINA REGIONAL MEDICAL PROGRAM
4019 North Roxboro Road
P. O. Box 8248
Durham, North Carolina 27704

RM 00006 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: F. M. Simmons Patterson, M.D.

This Region is currently in its third operational year and is funded at $2,691,394 ($2,191,873 direct costs and $449,521 indirect costs). The present application proposes:

1. A Developmental Component;
2. Continuation of core and 8 projects;
3. The renewal of 8 projects;
4. Implementation of 13 new projects; and
5. Termination of 3 projects.

The Region requests $4,635,902 for its fourth operational year, $4,367,113 for its fifth year and $4,321,835 for its sixth year. Tables indicating breakout of funds requested for each project by year are included as pages 38-40.

A site visit to this Region was conducted on November 18-19, 1970. (A copy of the report including the site visitor's recommendations is appended.)

It is noted that the application includes a request for renewal support for seven of the original operational projects, six for an additional three years and one for one more year. These include Coronary Care, Trophoblastic, Central Cancer Registry, Tumor Tissue Registry, Continued Education for Dentists, Continued Education in Internal Medicine and Continuing Education for Physical Therapists. Of the eight projects with commitments seeking continuation support, four are also requesting renewal from one to two years beyond the currently approved 3-year periods.

FUNDING HISTORY

Grant Year	Planning Period	Funded (Total)
01	7/1/66-6/30/67	$435,851
02	7/1/67-6/30/68	773,674

Operational

Grant Year	Planning Period	Funded (Total)
01	7/1/68-6/30/69	$1,485,341
02	7/1/69-6/30/70	2,311,399
03	7/1/70-6/30-71	2,691,394
04	7/1/71-6/30/72	* 355,975
05	7/1/72-6/30/73	* 156,526

*Commitments (direct costs) for 8 projects in the 4th year and 2 projects the 5th year

North Carolina encompasses 49,067 square miles and is bounded to the north by Virginia, to the west by Tennessee, south by South Carolina and Georgia, and east by the Atlantic ocean. The capitol is Raleigh. Leading industries are textiles, wooden furniture, and bricks. Chief agricultural products are tobacco, peanuts, sweet potatoes, cucumbers, poultry and fruits. A map is appended.

The population is 5,082,000. About 31% of the population resides in the five metropolitan cities of Ashville, Charlotte, Durham, Greensboro High Point, and Raleigh. About 45% of the population is urban. The median age is 29.5.

Death rates per 100,000: all diseases - 830, heart - 304, malignant - 115, vascular - 105, diabetes - 15 and bronchio pneumonic - 11.

Medical facilities: 3 medical schools with an enrollment of approximately 901 (196 graduates), 40 schools of nursing (17 university or college based), 14 schools of medical technology, and 7 schools of cytotechnology, 37 practical nursing schools, 28 schools of radiology-technology and 2 schools of physical therapy.

There are 155 non-federal hospitals with 31,724 beds and 9 federal with 3,637 beds. Of these, 25 (includes 4 federal) have AMA approved internship and residency programs.

Professional manpower: 4,484 active physicians, 21 osteopaths, 210 physical therapists, 200 medical social workers, 1,570 dentists, 12,126 active registered nurses and 65 occupational therapists.

HISTORICAL DEVELOPMENT: Upon enactment of PL 89-239 in 1965, the NCRMP was initiated jointly by the Deans of Bowman Gray School of Medicine, Duke University School of Medicine, the University of North Carolina Schools of Medicine and of Public Health, and the President of the State Medical Society. Soon thereafter, representatives of other major health institutions and organizations were involved in the Region's development.

The initial application for planning for two years beginning July 1, 1966 was approved by the June 1966 Council. Two site visits were conducted in the planning phase. The November 1966 site visitor's overall impression was that the Region was well-qualified and that enthusiastic leadership was directing its program. The November 1967 site visit was made to appraise the Region's capability for operational status (core and nine projects). The visitors recognized a lack of an overall state plan. Project review seemed sometimes governed by political desirability rather than absolute standards of excellence. Program development, however, was in the early stages and corrective resources were available. It was noted that the Evaluation and Research Division of core staff played a valuable role in preparing regional surveys and in providing baseline data for projects under development.

As recommended by Council, February 1968, the Region became operational and received awards for three years. During the first year, $1,485,341 was awarded for core and 15 projects. During the second year, $2,691,394 was awarded for core and 22 projects.

Continuation applications for the second and third years were reviewed by RMPS staff. In both cases it was believed individual project progress reports and future projections lacked sufficient detail. Core staff reports, however, indicated more had been achieved than was reflected in the individual reports. Major concerns were: 1) the continued data gathering activity and its costs as opposed to unmet needs in health care at the grass roots level and 2) roles and relationships one to the other of the Executive Committee, the Board of Directors and the RAG. Based on RAG and Core reports, the reviewers believed that there was evidence of significant progress.

ORGANIZATIONAL STRUCTURE: There are two governing bodies, the Board of Directors (20 members) and the Advisory Council (RAG) (36 members). The Board has final authority for program operations and meets monthly. A seven-man Executive committee may exercise the authority of the Board in the management of the Association between meetings of the Board. Officers of the Board consist of a Chairman, Vice Chairman and Secretary. The Chairman also heads the Executive Committee. The RAG has the responsibilities of reviewing projects and advising as to program direction and priorities. Committees: Heart (19), Cancer (19), Stroke (12), and Continuing Education (13).

There has been some conflict between the two governing groups in terms of roles and responsibilities. The Region is now exploring the possibility of reorganizing into one governing body, the RAG.

The project review process is under study in an effort to make it less cumbersome. Currently the procedure begins with a summary application to core and the Executive Committee. If in the opinion of these two groups, the proposal is consistent with NCRMP program

emphasis, it is presented to the Board. The project director is then notified that his project concept is in keeping with NCRMP objectives and is asked to submit a full proposal, taking into consideration suggestions by the reviewers. The fully developed proposals are reviewed by core, appropriate categorical committees, the Executive Committee, the Board and finally by the RAG.

Functioning Committees for Heart, Stroke and Continuing Education (63 members), develop program ideas based on data, and give program advice from a technical, professional and cost benefit standpoint.

F. M. Simmons Patterson, M.D., former core staff director of NCRMP's Cancer Division, succeeded Marc J. Musser, M.D., as Coordinator in February 1970. Subsequently, staff reorganization has occurred. Core organization and activities are discussed further in this summary under "present application".

GOALS, PRIORITIES AND STRATEGY: The planning phase focused on the following steps to implement the PL 89-239 legislation in North Carolina: 1) establishing effective communication between the various groups concerned with health care, 2) establishing a mechanism for self-evaluation and for a continuing survey of the effectiveness of programs begun, 3) initiation of a program of post-graduate education at a variety of professional levels, 4) improvement of patient care through strengthening of medical center-community-hospital relationships, 5) moving toward a more complete integration of the entire system of voluntary medical care through improved communications, improved flow of records and improved use of modern technology.

The operational goals have been along the lines of the basic legislation to develop categorical programs and strategies to control heart disease, cancer, stroke, and related diseases. One of the first efforts was a four-part study: 1) education, 2) manpower, 3) hospitals and facilities, and 4) categorical disease patterns. Six medical service catchment areas were identified, in which ad hoc study groups assessed the data, documented local health needs, and made recommendations to the Region. Common denominator needs were: increased medical manpower, better hospital care, professional and public education. Supplemental information for the area study groups was provided in position papers on the four study subjects. Beginning with a two-day retreat in April 1969, efforts began to develop priorities, revise guidelines and assess the NCRMP composition in functions and structure. During mid 1970, the RAG and Board jointly agreed to four basic areas for emphasis: 1) improved care for specific categorical diseases; 2) regionalization of programs; 3) health manpower development (continuing education, upgrading skills and developing new types and use of manpower); and 4) utilize local initiative in developing programs and cooperative arrangements.

SUB REGIONALIZATION: The NCRMP program is being sub-regionalized, but not on rigid geographical lines. The Governor has designated 17 regions for planning purposes for state agencies. The NCRMP, however, relies on the six catchment areas identified in their health survey study. The large areas conform to natural medical referral patterns.

EVALUATION: Project monitoring includes periodic review by core staff and categorical committees, as well as site visits. Evaluation of projects is done by a team located at the University of North Carolina and funded as a part of the Core budget. Evaluation services are available to project personnel during the development and actual conduct of programs.

COOPERATIVE EFFORTS WITH CHP AND VA: The Region reports that significant progress has been made in formalizing a working relationship with CHP. The application includes two documents: 1) joint statement of relationships between the NCRMP and NCCHP; and 2) proposal for strengthening ties between the Governor's Advisory Council on Comprehensive Health Planning and the Board of Directors of the Association for the NCRMP.

The hospital director of the Veterans Administration Hospital at Durham has been appointed to the RAG.

ACHIEVEMENTS: As a health care leader with wide involvement, the NCRMP has accumulated a vast amount of data for planning and action. The Region has become the vehicle by which most health related groups in the state are cooperating in identifying and acting upon health problems. Since the operational phase began, 24 projects were funded including 2 that were renewed. Twenty of these are currently ongoing. A chart visualizing these project components by categories and program types is included on pages 36-37.

Other activities include cooperative rural health efforts with CHP "a" and the Office of Economic Opportunity, and programs for the inner city poor. Through the efforts of core staff, CHP 314 "e" funds have been obtained for a Durham neighborhood health center and current efforts with a CHP "b" agency to develop an ambulatory primary health care center in the Charlotte Model Cities neighborhood.

The Region has consistently reviewed its course of direction and methods, amd made necessary changes. This is evidenced by the reorganization of core during the past year, and current efforts to reorganize the Board and RAG into one governing group.

The appended site visit report addresses the Regions progress, strengths and weaknesses.

PRESENT APPLICATION: This is the NCRMPs first application under the Anniversary review sytem. The proposal represents their initial request for support for the ensuing three years (04,05, and 06). The amount of $3,875,178 (d.c.o.) is requested for the fourth year for continuation of core, a developmental component and 29 projects (8 continuing, 8 renewals and 13 new). In the fifth year, $3,591,384 is requested for core, developmental and 25 projects. In the sixth year, $3,559,498 is requested for core, developmental and 22 projects.

All except three projects have been ranked 1-26. Those inadvertently not included in the rank order are projects #3R Diabetic Consultation, #5R Medical Library, and #19 Physician Assistants. The rank order list is appended.

Because of the recent site visit and although there are "commitments" for a few projects, this triennial application is to be reviewed as a whole by the Review Committee and Advisory Council, and staff review of the continuation portion was not believed necessary.

Developmental Component

Requested First Year $200,000

Priority will be given to support of those activities that relate to regionalization, health manpower development, cooperative arrangements and demonstrate local initiative, and those categorical disease activities which have been given priority.

Some activities currently under consideration which may merit support by these funds are: 1) experiment in a health care delivery demonstration; 2) development of innovative patterns of rural health care; 3) assistance to colleges and technical institutions in designing curricula for training allied health personnel; 4) feasibility study of ways and means of providing current drug information to physicians; 5) purchase of two additional ROCOM audio visual machines for use in continuing education of allied health personnel at the community level; and 6) develop and publish diet instructions for persons with kidney disease.

Applications for developmental funds will be acted upon by the RAG. It is anticipated that the review process will be about six weeks.

Second year: $200,000 Third Year: $200,000

Core The budget reflects a moderate 4% increase. As in the past, it is sub-divided into three categories, Administration, Institutional Coordinators, and Research and Evaluation Division.

Requested First Year $694,021

The amount of $414,322 is requested for Administration (headquarters) personnel. Positions number 30 (18 professionals - 4 part time at 13% and 12 secretaries).

For Institutional Coordinators $81,992 is budgeted for 4 part-time professional positions (196% time) and 3 secretaries (250%) at the three medical schools and one school of public health.

For the Research and Evaluation Division, $103,207 is requested for 10 positions (7 full time and 3 part time at 143%). This group is located at the University of North Carolina Division of Health Sciences.

Since the new coordinator was appointed, a reorganization of staff along functional lines has resulted in the following divisions: 1) Administration and Management, 2) Planning and Development, 3) Professional Services, 4) Continuing Education, 5) Hospitals and Institutional Services, 6) Communications and 7) Research and Evaluation.

Core services have included staff backup for committees, as well as assistance and consultation to grant applicants, ongoing projects, and health-related organizations and professionals. Feasibility studies included two of health care needs in an Appalachian mountain community and the eastern Albemarle Sound Area; continued planning assistance with the State of Franklin (7 counties); and a study of allied health manpower. Increased emphasis is being placed on evaluation.

Core staff assumed prime responsibility for coordinating planning for the new Lincoln Neighborhood Health Center, serving a high density Negro area in Durham. This project was funded in excess of $1,000,000 through CHP 314 "e" funds. Staff has also worked with the CHP "b" agency in Mecklenburgh-Union counties to develop a primary care area of Charlotte. Aid is also being given to obtain OEO funds for an Appalachian rural health care program.

Departure from strict categorical programs in future activities is indicated.

Relationships with CHP agencies have quickened as is indicated by the joint statements included in the application.

Second Year: $763,423 Third Year: $839,765

CONTINUATION PROJECTS

Project #2R - Coronary Care Training and Development

Requested
First Year
$94,605

Ranked 4th, this project has been supported by RMP for three years at an annual level of $93,663 and has a commitment of $23,584 for a 4th period. Funding for two additional years, for a total of six years is now requested.

This is a project to upgrade coronary care by training and developing cooperative activities among university medical centers, medical educators, community physicians and nurses; as well as offer consultation to hospitals. A computer-based system of medical records was to be eventually developed.

Prior to the project, only 7 CCU's were operating. There are now 62 in operation and 23 additional units in the development or construction stage. Specific objectives:

1. Train nurses - 96 in the current triennium and 64 more during the next two years;

2. Train physicians - 40 in the current triennium and 40 more during the next two years;

3. Provide consultation to all hospitals requesting assistance;

4. Develop a system to provide data required to evaluate efficacy of the project approach and impact on patient care;

5. During the second trienium, establish training programs for coronary care nurses in each of the State's 17 planning areas.

Progress:

1. 160 nurses from 71 hospitals have been trained leading to 18 local training programs.

2. Consultation services given to a total of 172 including architechural and electronic, nursing, medical, administrative, and medical-legal.

3. Sixteen hospitals have been established as clinical training sites for nurses .

Second Year	Third Year
$94,564	$73,747

Project 3R - Diabetic Consultation

Requested
First Year
$62,550

The amounts requested agree with those committed by RMPS. This project now in its third year inadvertently was not ranked.

Prior to this project, there was no organized effort in North Carolina for diabetes professional and public education.

The overall goal of this project is to develop a broad education professional and public education program which can be continued by the State Diabetes Association after RMP support terminates.

Progress to date: publications developed for physicians, nurses, and patients. Four teaching sites for nurses are in various stages of development. Educational programs presented: 2 to 40 physicians, 33 for 1792 allied health personnel, 1595 person-to-person contacts with patients and/or their families, and 6 public education programs for 251.

An evaluation component is described.

Second Year	Third Year
$42,306	-0-

Project 5R - Medical Library Extension Service

Requested
First Year
$24,039

The amount requested is in line with the RMPS commitment for its 4th year. The project was not ranked by the Region, but addresses the need for providing time the pressured medical profession with easy access to information. The project aims to encourage, and assist in the development of good local medical libraries, as well as providing inter-library loans and reference service.

There has been a 30% increase in inter-library loans. Hospital library clients has risen from 32 to 85. Thirty-four percent of original pilot group of 50 physicians continue to use the service. Consultation was given to 16 libraries. Supporting hospital libraries supplied 820 items from their duplicate files to 23 hospital libraries. A 581 page second edition of the N. C. Union List of Bio-Medical Serials was printed and is now being distributed. Announcements of workshops have failed to muster sufficient response to justify follow through, but efforts continue.

Second Year	Third Year
-0-	-0-

Project 17R - Regional Center for Trophoblastic Diseases

Requested
First Year
$53,485

This project is now in its second year with an RMPS commitment of $29,000 for the third year. The request is requested for continued support in the 3rd year and renewal for two additional years.

As stated in the Region's covering letter, the project serves eleven Southeastern states and may qualify for multi-regional support if such funds (910 title IX.) became available. RMPS's in 8 of the states have submitted documented support to NCRMP.

This project, rated 15 on a scale of 26 by the Region, was originally funded by the National Cancer Institute. RMP support was to allow the center to expand through the application of newer testing techniques involving radioimmunoassays of human chorionic gonadotropin (HCG). Funds were to be used for initial equipment and some increased staffing.

It is reported that since the Center began, it has provided "translation" of new and experimental techniques for therapy into a practical method to diagnose and treat trophoblastic malignancies. Also reported, is that community physicians now have the facilities, HCG assays and consultative assistance to expect to cure over 90% of such patients, even if metastases are present. During the next three years, expansion of the facility and greater services are anticipated.

Second Year	Third Year
$49,321	$51,188

Project 18 - Tumor Tissue Registry

Requested
First Year
$6,631

This project ranked 14 on the scale of 26 and is currently in its 2nd year. The amount requested for the 3rd year is in keeping with the commitment; no support is requested for its continuance beyond then.

Addressing the needs of pathologists in the field of oncology, the objectives or the project are essentially education and consultation. The site for the registry is the Moses H. Cone Memorial Hospital in Greensboro, N. C.

The project presents an annual seminar for the Pathology Section of the State Medical Society. Seventy-nine pathologists are participating.

Fifty-nine cases were distributed, 3500 slides. Sixty-five pathologists have contributed cases. Most of the participants are from outside the university centers.

Second Year	Third Year
-0-	-0-

Project 19 - Physician's Assistant Training Program

Requested First Year
$169,662

This project now in its first year addresses the problem of skilled medical manpower shortages, especially physicians. The objective of the program is to develop well-trained and educated assistants at the intermediate professional level, who by working with physicians, can supplement their services and reduce the present physician manpower shortage.

The Physician's Assistant Program is designed especially for ex-medical corpsmen; applicants with two or more years of college are also considered. The 24-month training program includes a core curriculum and clinical rotations. Because support other than RMP was obtained for the program at Duke, part of the funds are being used to support a similar program at Bowman Gray. Physician Assistants at the latter, are trained in various specialty areas, including family practice. The program at Duke in addition to expanding its enrollment, has plans to extend the program to other institutions and evaluating the usefulness of the physician's assistant.

Seventy-five students (45-1st year and 30-2nd year) are currently enrolled at Duke, which has graduated 42.

Bowman Gray has 20 students currently enrolled (12-1st year and 8-2nd year). Specialities: Pediatrics, 10; Obstetrics, 1; Surgery, 1; Urology, 1; Family Practice, 7.

A bill supporting this new type of manpower was to have been acted upon by the State Legislation in January 1971.

The Duke University Board of Trustees gave final approval for a Bachelor of Health Science degree, expanding the career opportunities for physician assistants.

Second Year	Third Year
$114,220	-0-

Project 22 - Oncology Chemotherapy Program

Requested First Year
$86,860

The project has been ongoing for two years at an approved level of $78,000 each year. It is ranked 23 on the scale of 26.

This activity addresses the need for continuing education in the use of chemotherapeutics for treatment of patients with neoplastic disease. The purpose of the project is to offer practicing physicians an introduction to basic oncology and the chemotherapy of malignancies. This includes information on the biological behavior of neoplastic disease and the pharmacology of agents as the basis of diagnosis, classification and therapy. The conduct of chemotherapy is conducted with the guidance and consultation of oncologists familiar with the form of therapy.

Reported progress includes the development of protocols for carcinoma of the breast, lung and colon. Analysis of clinical data continues and is 75 percent complete. During the first two years 140 physicians representing 300 cases have participated. Activities include a survey of physicians' attitudes and of the therapy of deceased patients with carcinoma of the breast.

Second Year	Third Year
-0-	-0-

Project 23 - Heart Sounds Screening of School Children

Requested First Year
$72,986

This project ranked 20th, has been ongoing for two years, with a commitment of $48,000 for the third year. The request also includes support for an additional year beyond the approved current three-year period.

This project is part of the Pediatric component of the NCRMP heart disease program.

This is a program undertaken by the North Carolina Heart Assocation in cooperation with Bowman Gray School of Medicine, Charlotte-Mecklenburg County Heart Assocation, Mecklenburg County Health Department, Blue Ridge Health Council and the N. C. State Board of Health. Using the Phono-Cardio Scan (18 pound computer) trained volunteer teams will attempt a pilot screening of 26,400 children, including a large number of urban poor and rural non-whites. Upon completion of the study, the

results are to be analyzed and guidelines developed for region-wide screening. The program includes advanced diagnostical and treatment follow up procedures.

During the first 17 months, 9728 children were screened. Of those screened, 924 required further examination by a physician - 872 were actually followed. Of the 872 followed, 323 had histories of previous heart disease and 549 were asymptomatic. The application includes detailed data about the follow up results. The project has involved 3780 hours of 239 volunteers and 57 physician hours.

Second Year	Third Year
$27,070	-0-

RENEWAL PROJECTS

Project #1R - Education and Research in Community Medical Care

Requested First Year
$216,798

Founded in 1965 by the University of N.C. Medical School, the project began receiving support from the NCRMP to expand its activities aimed at cooperative arrangements among hospitals and medical centers. Its purpose was to promote area-wide planning, health-related transportation and continued education including the TV media. The project, ranked 13th, has been supported by RMP for three years at an average annual level of $213,000 d.c.o. Three additional years of support are now requested.

The original reviewers and 1967 site visitors observed that the project had an unclear focus with many different activities. However, most reviewers believed that the program was reaching out into areas away from the medical centers.

Project efforts have contributed to the establishment of a comprehensive care system in one north central county and its inclusion in an OEO funded community health care project. The air transportation system has made it possible for specialty physicians to conduct bi-weekly otolaryngology clinics in two small communities (Morganton & Tarbora). Four of ten non-university hospitals with 300 beds or over now have university affiliations. During the past year, 24 one-hour professional education programs were aired through five University transmitters with the potentiality of reaching 78% of the states physicians. The air system has provided transportation for pediatric specialists with residents, once a week, from the University of N.C. to a hospital in another small community (Wilmington). The aircraft also transports physicians from Wilmington to the UNC Medical School for professional learning.

Second Year	Third Year
$231,388	$256,028

Project #4R - Central Cancer Registry

Requested First Year
$25,975

Ranked 12th, this project has been supported by RMP for three years at an average annual level of $101,104. Three additional years of funding are requested.

The purpose has been the development of a central reference to collect comparable data with computer storage and retrieval capability. The prime purpose was to provide for practicing physicians with an educational tool in patient management. Of secondary importance the data would be available to investigators and planners.

In mid range, problems arose in system incompatibility with equipment at the State Board of Health, which necessitated re-design of the form. During the interim period information was received from the 10 pilot hospitals, and their registry secretaries were given instruction at a four-day workshop. Nine additional hospitals have since been added and their secretaries trained. Transition of the mechanical operation to the State is in progress. A special committee has been formed to give guidance to the activity and to be the liaison between the data gathers and physician consumers.

The State Board of Health is seeking funding of the project services from the State Legislature.

Second Year	Third Year
$29,829	$31,429

Project #7R - Continuing Education in Internal Medicine — Requested First Year $11,075

Ranked 25th, this project has been supported for three years at an average annual level of $25,028. Three additional years of funding are requested.

The main objective of this activity has been to improve patient care, improving the relationship between practicing internists and the University, and to improve skills and knowledge. This was to be accomplished by giving the practicing internists an opportunity to train for two to four weeks in the Department of Medicine of one of the three medical schools.

The project seems principally the same except, it now includes general practitioners. Number trained: 1st year, 8 physicians from 8 communities (6 for 4 weeks and 2 for 2 weeks); 2nd year, 17 physicians for 11 communities (1 for 4 weeks and 16 for 2 weeks). Post training interviews are planned of those trained during the first three years to determine if the trainees believe the experience has contributed to improving the quality of their service.

Second Year	Third Year
$11,075	$11,075

Project #8R - Continuing Education in Dentistry — Requested First Year $69,925

Ranked 8th, this project was supported for three years at an average annual level of $65,086. Three additional years of funding are now requested.

The overall objective of the project is to insure that as many patients as possible receive appropriate dental care as part of their comprehensive care. The project is also striving to expand and improve the role of the dental profession in patient care in the community hospital. Courses are conducted for dentists to acquaint them with: 1) current information on the diagnoses, management and follow up of patients with categorical diseases; 2) hospital practices; and 3) maxillofacial reconstruction. Courses are also offered to physician and dentists dealing with cooperative patient care.

During the current project period, accomplishments include development of programs, concurrent with selecting training sites. Six of thirty hospitals were selected in different areas. Coordinators recruited for each area, were involved in planning. Programs in seven of eight subjects have been completed and delivered to the six hospitals. Attendance in small communities is reported to be good. Evaluation by objective testing has not been successful.

Second Year	Third Year
$58,051	$60,283

Project #9R - Continuing Education for Physical Therapists

Requested First Year: $67,182

Ranked 19th, this project has been supported for three years at an average annual level of $27,254.

This project continues to address the problem of inadequate number of PTs in the State and inequities in their geographical distribution. These problems are reported as increasing due to increasing numbers of extended care facilities, nursing homes and home care agencies.

The project plans to continue to strengthen local continuing education programs; provide consultation; intensify efforts to provide in-service education; explore ways and means of relieving solo PTs to provide them with opportunities for continuing education and/or vacations; and provide consultation to administrators considering offering physical therapy services.

Progress: 1) an evaluation method has been devised to assess patients who have had cerebrovascular accidents, can be used as a basis for planning treatment, and for training; 2) a professional education movie on "Treatment of Clubfoot" was produced; 3) 155 programs were conducted in 9 different areas for 530 appropriate allied health personnel (155 PTs).

Second Year	Third Year
$64,678	$68,568

Project #13R - Cardiopulmonary Resuscitation	Requested First Year
	$62,388

Ranked 10th, this project has received RMP support for three years at an average annual level of $64,689. Three additional years of funding are now requested.

This project has sought to make the CPR technique known and available throughout the state. The project previously reported that a regional training facility had been established at the Charlotte Memorial Hospital and the CPR Committees were established in 45 communities.

During the first triennium, 62 CPR Committees have been established and 57 are now engaged in training. Those trained: 292 physicians, 1,975 nurses, 45 dentists, 1,490 hospital personnel, 72 ambulance personnel 241 rescue squad personnel, and 33 others hospital related. During a 15-month period, 29 hospitals performed 161 resuscitation attempts, 88 patients responded, 53 were discharged alive.

Second Year	Third Year
$61,896	$56,041

Project #14R - Heart Consultation & Education Program	Requested First Year
	$7,050

Ranked 18th, this project has been supported for three years at an average annual level of $8,721. Renewal for one more year is requested.

This project has represented an arrangement between Bowman Gray and Memorial Mission Hospital in Ashville to provide a training base for the CCUs in small hospitals in the State of Franklin area.

It is proposed that this continuing education activity be continued at the sub-regional medical center serving the western part of the state. Since this project began, 460 physicians and 92 nurses have attended 22 program sessions at Memorial Mission Hospital. An evaluation questionnaire from 44 physicians indicated favorable results.

Second Year	Third Year
-0-	-0-

Project #15R - Comprehensive Stroke Program	Requested First Year
	$207,000

Ranked 7th, this project has receive RMP support for three years at an average annual level of $194,682. Three more years of funding are now requested.

The purpose of this project has been the development of comprehensive stroke programs through a central coordinating unit at Bowman Gray School of Medicine. This program was developed with assistance from the North Carolina Heart Association. The NCRMP Stroke Committee serves as the

Advisory Group for the activity. The initial project's activities: 1) publication of guidelines for community programs; 2) education programs for nurses; 3) annual workshops; and 4) development of a family-patient education unit.

In addition to the overall objective to offer stroke patients increased opportunities for early diagnosis and treatment, early hospital discharge and continued follow up; the project is to be broadened to include primary prevention. Screening clinics will concentrate on target populations, e.g., children of stroke victims and individuals with personal or family histories of risk factors. The project will also consolidate the gains of programs and continue to increase their independence from RMP support and establish new programs emphasizing training and utilization of existing manpower.

Since the project began, more than 1,000 existing personnel have been trained and coordinated to provide quality units and follow-up care among 915,000 people in 19 counties. Data gathered of 122 pre-stroke program and 145 post-program patients indicate the activities to be effective.

Second Year	Third Year
$212,126	$219,184

PROJECTS SUPPORTED DURING THE FIRST TRIENNIUM FOR WHICH CONTINUING SUPPORT IS NOT REQUESTED BY NCRMP:

Project #10 - Coronary Care Units in Small Hospitals (State of Franklin supported 3 years) will sustain its own continuation without further RMP support except for continued use of grant equipment property.

Project #11 - Mobile Cardiac Intensive Care - Haywood County Hospital supported 1 year

Project #12 - Regional Coronary Care Unit for Physician and Nurse Education Bowman Gray - supported 1 year

Project #20 - Mammography Technologists Training Program - supported 1 year

Project #24 - Medical Student Operation of Edgemont Clinic - approved for three years - supported partially for one year from carry-over funds

Project #25 - Problem-Focsued, Group-Oriented and Community-Based Continuing Education - approved for 3 years, but not funded

PROJECTS PREVIOUSLY DEFERRED BY RMPS:

Project #26 - Emphysema and Lung Disease

Requested First Year $123,905

The July 1970 Council agreed with the Review Committee that the need, objectives and procedures seemed clear, but there was some question about the justification for equipment budgeted for six hospitals. There was also some question as to the ability of the physicians in the satellite hospitals to operate effective respiratory care units.

Ranked 9th, the overall objective of this project is to make it possible for all North Carolinians to acquire within 50 miles of their residence up-to-date diagnosis and treatment for coronary disease. Specific objectives: 1) development of a regional pulmonary care training center at Duke University Medical center; 2) improvement of diagnosis and treatment capabilities at six hospitals; 3) establishment of formal communication linkages among participating institutions to provide continuous respiratory services, improve referral resources and increase the index of community awareness of respiratory disorders and required services.

Second Year	Third Year
$27,670	$28,478

NEW PROJECTS

Project #27 - Dial Access

Requested First Year $95,846

Ranked 4th, this project addresses the need for quick access of current health knowledge to health personnel. The informational center will consist of staff, equipment and brief tapes. Toll-free access will be accomplished through a series of (WATS) telephone lines connected to the resource (24-hour service). Future considerations include consultation and drug reaction information.

Second Year	Third Year
$94,461	$94,178

Project #28 - Care of Patients with Chronic Uremia in North Carolina

Requested First Year $486,550

This project is to be reviewed with all other kidney proposals by the RMPS Ad Hoc Kidney Disease Panel prior to the May Council meeting.

According to the letter covering the present application, this project was approved by the NCRMP RAG with the stipulation that it be reviewed in competition for RMPS funds earmarked for Kidney Diseases.

This project, ranked 16th, proposes a total approach to the treatment of chronic uremia in North Carolina. Approximately 300 new patients per year in the state are acceptable for dialysis or transplant. Less than 10% are presently receiving appropriate treatment. Specifically, the project proposes capability for dialysis and transplantation by activation of community dialysis and treatment centers, establishing a state-wide system of histo-compatibility testing and continuation of a N.C. organ procurement program.

The objectives include creation of a system to attain funding from all sources, and to evolve training for physicians and other appropriate allied health personnel.

Second Year	Third Year
$395,166	$398,473

Project #29 - Continuing Education for Physicians and Allied Health Personnel in Eastern N.C.

Requested First Year $102,086

Ranked 11th, the main objective of this project is to provide for participating hospitals, continuing education programs to upgrade the knowledge and skills of physicians and allied health personnel. Another objective is to identify and assist in training personnel to serve as educators in the programs to be developed. A third objective is to help community hospitals create a professional climate conducive to recruiting and retaining quality health care professionals.

Second Year	Third Year
$130,300	$144,200

Project #30 - Rheumatic Fever Program

Requested First Year $112,805

Ranked 6th, this project has been designed by the State Board of Health and the North Carolina Heart Association. The target groups are children with a beta hemolytic streptococcal infection and those having had rheumatic fever. A secondary prevention program will combine existing programs, and expand a unified health-care approach to ensure continued prophylaxis through use of a registry. A primary prevention feasibility study will be conducted in two counties and supplementary investigation in the remainder of the state. The questions to be answered include, what exactly is feasible in such a program and what would the costs be. A study will also determine the feasibility of a free prophylactic drug program.

Second Year	Third Year
$107,436	$110,876

Project #31 - Comprehensive Cardiac Pacemaker Education Information Program

Requested First Year
$27,476

Ranked 2nd, the project goal is that all pacemaker patients will receive the best management. Currently there are 1,000 persons in the state with implanted pacemakers and the number is expected to rise to 3,000 by 1974. By the end of the third year, the project anticipates: 1) that an evaluation program for managment of all such patients will have been established; 2) all such patients registered will have been provided with basic information including how to obtain immediate medical care anywhere in the State; 3) a 24-hour information and advice service for physicians; 4) all physicians with pacemaker patients will have received the latest information on pacemaker apparatus and management; and 5) the Advisory Committee to the project will have completed and submitted a thorough evaluation of the project.

Second Year	Third Year
$20,996	$21,236

Project #32 - A Model Program for Career-Ladder Nursing Education Program

Requested First Year
$91,919

Ranked 1st, this project addresses the health care needs in the low socioeconomic Albermarle area and the needs for more adequate nursing services there.

The project objectives include establishing tests for selection and advanced placement of licensed practical nurses interested in upgrading their skills; use of advanced placement as an incentive for motivating capable LPNs to continue their formal training, improve the two-year associate degree program in nursing at the College of Albermarle. Objectives at the College include: 1) provide an innovative curriculum to upgrade LPNs; 2) train more LPNs to bridge the gap of RN shortage; and 3) continuously revise the curriculum on the basis of evaluative feedback.

Second Year	Third Year
$97,487	$84,237

Project #33 - Regional Continuing Education for Nursing Care

Requested First Year
$29,017

Rated 17th, the project goal is to improve patient care delivery by increasing the knowledge and skills of nurses, both employed and inactive. This will be accomplished through implementing continuing education for nurses through 18-30 colleges and/or technical institutes (6 the 1st year and 6-10 in the 2nd and 3rd years).

Second Year	Third Year
$34,137	$36,400

Project #34 - Family Nurse Practitioner

Requested
First Year
$192,575

The covering letter to the present application stated that partial support for this activity may be possible through the Health Services and Research Center at the University of N.C.

Ranked 18th, this project addresses the physician shortage particularly in rural areas. It proposes to develop a training program to prepare family nurse practitioners who will return to serve their local communities. They will be trained to provide primary care to individuals and families in health centers, clinics, physician's offices, industries, homes and other ambulatory care settings. Ten will be trained the 1st year, fourteen the second year and eighteen the third year. They will receive initial training for 5-6 months and then return to their communities for experience in their local employment settings returning periodically to the Chapel Hill for further training and clinical experience. During the latter phase physicians from their local communities will also go to Chapel Hill for orientation with the nurses so they may function more successfully as a health team.

Second Year	Third Year
$209,400	$232,189

Project #35 - Adult Screening and Referral for Hypertension, Heart Disease, Stroke, Diabetes and Anemia

Requested
First Year
$121,474

Ranked 22nd, the project objectives are to field test the screening program using 200,000 adults. After evaluation of field tests and necessary modifications, the program will be extended to the entire state. Tests are: electrocardiometer, blood pressure, blood glucose, hemoglobin, and Carotid Bruit. A system of referral and follow up is to be included.

Evaluation methods are described.

Second Year	Third Year
$96,711	$99,024

Project #36 - Cancer Program

Requested
First Year
$262,694

Ranked 3rd, this project proposes to: 1) develop a full array of services to cancer patients by building on current resources; 2) promote regionalization of cancer services by developing linkages between community hospitals and clinics, regional hospitals and university medical centers; 3) augment continuing education services for professionals and laymen; and 4) coordinate existing cancer control resources and encourage improved

utilization and effectiveness. In addition to relating to other cancer projects in this application, the project will address itself to the need for a regional radiation therapy center, nuclear medicine training, study of patient and family perceptions, genitourninary maligancy control and radiation therapy planning services.

Second Year	Third Year
$203,095	$209,765

Project #37 - Cooperative Program in Continuing Education

Requested First Year: $69,699

Ranked 5th, the project proposes approaching the need for improving patient care through two prime goals: 1) to provide each physician in the state an opportunity for continued education with his own State Medical Society district; and 2) involve the active cooperation of the three medical schools and the State Medical Society in the project. Emphasis will be on providing programs to meet the needs of physicians. Programs: nine half-day sessions within easy travel distance; 1 half-day program at each of the three medical schools; and one annual symposium.

Second Year	Third Year
$79,975	$98,100

Project #38 - Cancer Telephone Conference

Requested First Year: $26,900

Ranked 26th, this project is to establish telephone cancer conferences for physicians between the universities and the 3 regional centers. Each center will: 1) select cases; 2) prepare and mail appropriate x-rays, slides and other references to the consulting university and schedule conference attendance.

The consulting University will: 1) review case material; 2) respond to regional participants during the conference following the case presentations. One-hour conferences will consist of two case presentations.

Second Year	Third Year
$27,670	$28,478

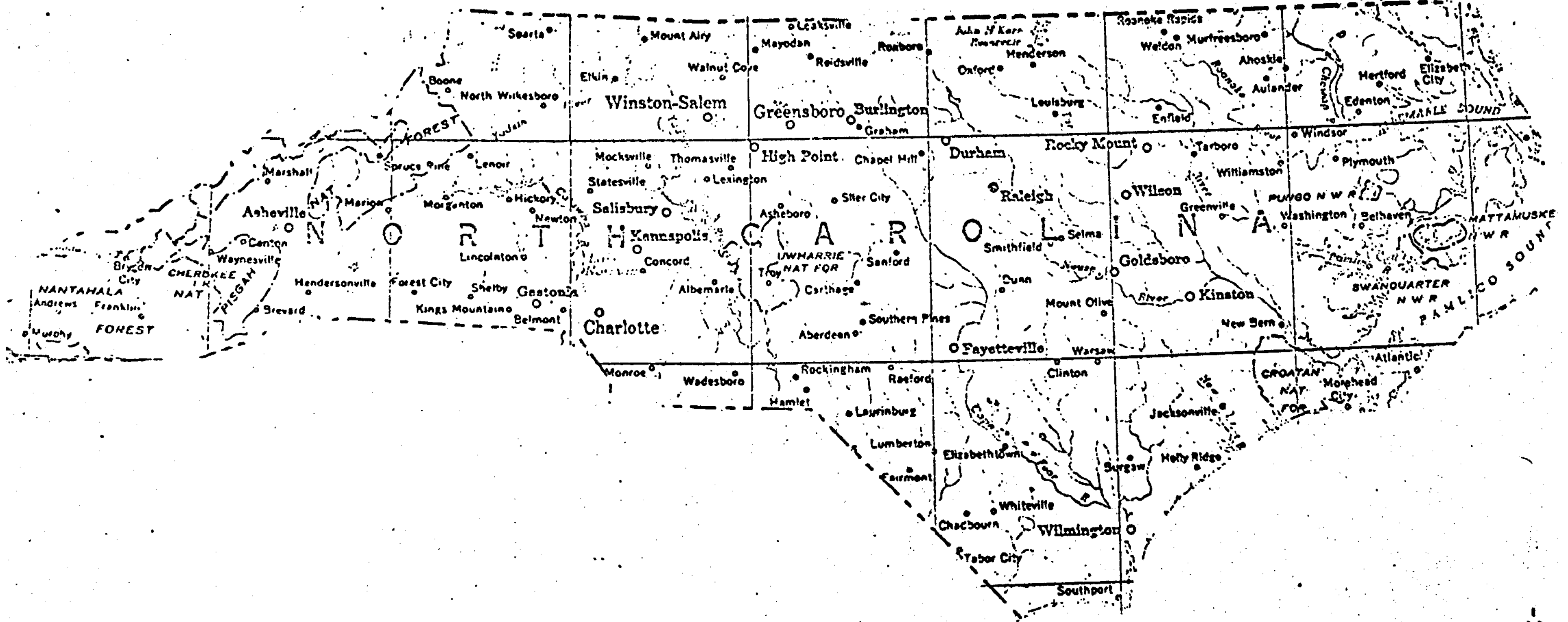

N O R T H C A R O L I N A
Winston-Salem
Greensboro
Burlington
High Point
Durham
Rocky Mount
Raleigh
Wilson
Goldsboro
Kinston
Charlotte
Gastonia
Salisbury
Kannapolis
Asheville
Fayetteville
Wilmington
Sparta
Mount Airy
Leaksville
Mayodan
Reidsville
Roxboro
Oxford
Henderson
Roanoke Rapids
Weldon
Murfreesboro
Ahoskie
Aulander
Hertford
Elizabeth City
Edenton
Enfield
Louisburg
Boone
North Wilkesboro
Elkin
Walnut Cove
Graham
Chapel Hill
Mocksville
Thomasville
Lexington
Statesville
Asheboro
Siler City
Tarboro
Williamston
Windsor
Plymouth
Greenville
Washington
Belhaven
Marshall
Spruce Pine
Lenoir
Marion
Morganton
Hickory
Newton
Canton
Waynesville
Lincolnton
Concord
Albemarle
Troy
Sanford
Carthage
Smithfield
Selma
Dunn
Hendersonville
Forest City
Shelby
Kings Mountain
Belmont
Brevard
Andrews
Franklin
Murphy
Bryson City
NANTAHALA
FOREST
CHEROKEE
NAT
PISGAH
UWHARRIE
NAT FOR
Southern Pines
Aberdeen
Mount Olive
New Bern
Warsaw
Clinton
Monroe
Wadesboro
Rockingham
Hamlet
Raeford
Laurinburg
Lumberton
Fairmont
Elizabethtown
Whiteville
Chadbourn
Tabor City
Southport
Burgaw
Jacksonville
Holly Ridge
Atlantic
Morehead City
CROATAN
NAT
FOR
SWANQUARTER
N W R
MATTAMUSKEET
PAMLICO SOUND
PUNGO N W R

TABLE II BY PROJECT ORDER

Rating	Ranking	Project No.	Project
4.16	13.	1R	Education & Research in Community Medical Care
2.53	4.	2R	Coronary Care Training & Development
	*	3R	Diabetic Consultation
4.14	12.	4R	Central Cancer Registry Utilization Program
	*	5R	Medical Library
6.26	25.	7R	Continuing Education in Internal Medicine
3.58	8.	8R	Continuing Education in Dentistry
5.03	19.	9R	Continuing Education for Physical Therapists
3.96	10.	13R	Closed-Chest Cardiopulmonary Resuscitation Program
5.18	21.	14R	Heart Consultation & Education Program
3.48	7.	15R	Comprehensive Stroke Program
4.28	15.	17R	Regional Center for Trophoblastic Diseases
4.22	14.	18	North Carolina Tumor Tissue Registry
	*	19	Physician Assistants
5.62	23.	22	Coordinated Oncology Chemotherapy
5.10	20.	23	Heart Sounds Screening
6.00	24.	27	Dial Access System
4.39	16.	28	Care of Patients with Chronic Uremia in North Carolina
4.03	11.	29	Continuing Education for Physicians & Allied Health Personnel in Eastern North Carolina
3.26	6.	30	Comprehensive Rheumatic Fever Prevention Program
2.37	2.	31	Cardiac Pacemaker Education & Information Program
2.13	1.	32	A Model Program for Career-Ladder Nursing Education
4.49	17.	33	Regional Continuing Education for Nursing Care
4.92	18.	34	Family Nurse Practitioner
5.24	22.	35	Adult Screening and Referral Program for Signs of Hypertension, Heart Disease, Impending Stroke, Diabetes & Anemia
2.47	3.	36	Comprehensive Cancer Program
3.04	5.	37	A Cooperative Program of Continuing Education in Heart Disease, Stroke and Cancer
3.95	9.	26	Emphysema and Lung Disease Program
6.41	26.	38	University Regional Telephone Cancer Conference

* Not ranked

PROJECT RATINGS AND RANKING BY NCRMP ADVISORY COUNCIL

DECEMBER 16, 1970

TABLE I BY RANK ORDER

Rating	Ranking	Project No.	Project
2.13	1.	32	A Model Program for Career-Ladder Nursing Education
2.37	2.	31	Cardiac Pacemaker Education & Information Program
2.47	3.	36	Comprehensive Cancer Program
2.53	4.	2R	Coronary Care Training & Development
3.04	5.	37	A Cooperative Program of Continuing Education in Heart Disease, Stroke and Cancer
3.26	6.	30	Comprehensive Rheumatic Fever Prevention Program
3.48	7.	15R	Comprehensive Stroke Program
3.58	8.	8R	Continuing Education in Dentistry
3.95	9.	26	Emphysema and Lung Disease Program
3.96	10.	13R	Closed-Chest Cardiopulmonary Resuscitation Program
4.03	11.	29	Continuing Education for Physicians & Allied Health Personnel in Eastern North Carolina
4.14	12.	4R	Central Cancer Registry Utilization Program
4.16	13.	1R	Education & Research in Community Medical Care
4.22	14.	18	North Carolina Tumor Tissue Registry
4.28	15.	17R	Regional Center for Trophoblastic Diseases
4.39	16.	28	Care of Patients with Chronic Uremia in North Carolina
4.49	17.	33	Regional Continuing Education for Nursing Care
4.92	18.	34	Family Nurse Practitioner
5.03	19.	9R	Continuing Education for Physical Therapists
5.10	20.	23	Heart Sounds Screening
5.18	21.	14R	Heart Consultation & Education Program
5.24	22.	35	Adult Screening and Referral Program for Signs of Hypertension, Heart Disease, Impending Stroke, Diabetes & Anemia
5.62	23.	22	Coordinated Oncology Chemotherapy
6.00	24.	27	Dial Access System
6.26	25.	7R	Continuing Education in Internal Medicine
6.41	26.	38	University Regional Telephone Cancer Conference
		* 3R	Diabetic Consultation
		* 5R	Medical Library
		* 19	Physician Assistants

* Not ranked

SITE VISIT REPORT
NORTH CAROLINA REGIONAL MEDICAL PROGRAM
November 17-18, 1970

RMPS Visitors

Council
Bland W. Cannon, M.D., Memphis Tennessee

Review Committee
Henry Lemon, M.D., Professor of Medicine, University of Nebraska, Omaha, Nebraska

Consultant
Edward D. Coppola, M.D., Associate Professor, Department of Surgery, Hahnemann Medical College, Philadelphia, Pennsylvanda

Staff
Dan Spain, Public Health Advisor, Regional Development Branch
Luther J. Says, Jr., Public Health Advisor, Grants Review Branch
Theoda H. Griffith, Public Health Advisor, HEW Region IV

North Carolina Regional Medical Program

RAG & Board of Directors
George W. Paschal, Jr., M.D. Chairman, Advisory Council, Association (RAG) for the NCRMP
Joseph Gordon, M.D., Vice Chairman, RAG, (Kate B. Reynolds Memorial Hospital, Winston Salem, N.C.)
William B. Henderson, Chairman of Board of Directors (N.C. Medical Care Commission)
Robert Smith, M.D., Vice Chairman of Board of Directors (Division of Education & Research in Community Health, University of North Carolina), Project #1 Education and Research in Community Medical Care
William G. Anlyan, M.D., Board of Directors (Vice President, Health Affairs, Duke University School of Medicine)
Manson Meads, M.D., Board of Directors (Dean of Bowman Gray School of Medicine, Wake Forest University)
W. Fred Mayes, M.D., Board of Directors (Dean of University of North Carolina, School of Public Health)
Isaac M. Taylor, M.D., Board (Dean, UNC School of Medicine)
Louis de S. Shaffner, M.D., Board of Directors (President, Medical Society of N.C. and Professor of Surgery at Bowman Gray School of Medicine)
William F. Andrews, Board (Administrator, Memorial Hospital of Wake County)
Marion Foster, Board (Executive Director, N.C. Hospital Association)
Jacob Koomen, M.D., Board (Director, N.C. State Board of Health)
E. C. Miller, M.D., Board (Associate Dean for Continuing Education, Bowman Gray School of Medicine)

Staff

F. M. Simmons Patterson, M.D., Executive Director
Ben Weaver, Deputy Executive Director
Audrey Booth, R.N., Director, Division of Professional Services
Lee Holder, Ph.D., Director, Division of Planning and Development
Ron Davis, Ed.D., Director, Division of Continuing Education
Manley Fishel, Assistant Director, Project Development
William W. Lowrence, Director, Division, Hospitals and Institutional Services
Jo Ann Olsen, Health Records Administration
Robert Whitfield, Director, Fiscal Services
John Young, Assistant Director, Project Development
Susan West, Assistant Director, Communications
Harvey L. Smith, Ph.D., Director, Division of Research and Evaluation
Virginia Benton, Director, Division of Communication
Robert Headley, M.D., Director, Heart Disease Program (Bowman Gray School of Medicine) Project #2 Coronary Care Training and Development
William De Maria, M.D., Consultant, Continuing Education (Duke University)
E. Harvey Estes, Jr., M.D., Coordinator for Duke University (Past Chairman of the NCRMP Board of Directors)
Maxine Stern, Division of Research and Evaluation - (UNC)
Shannon P. Hallman, Division of Research and Evaluation

Program

Kaye H. Kilburn, M.D., Project #26 - Emphysema and Lung Disease (Duke University)
Reginald Harris, M.D., Project #26 (private physician, Shelby)
Samuel McMahon, M.D., Project #26 (Duke University)
G. M. Halprin, M.D., Project #26 (Duke University)
C. W. Watts, M.D., NCRMP Cancer Committee (Lincoln Hospital)
James McFarland, M.D., Director, Project #2 Coronary Care Training and Development and Project #13 CPR
Donald Hayes, M.D., Cancer Committee, Assistant Director, Project #22 Coordinated Oncology Chemotherapy (Bowman Gray School of Medicine)
Charles Spurr, M.D., Director, Project #22 Chemotherapy (Bowman Gray School of Medicine)
Roscoe Robinson, M.D., Renal Disease Program
Marjory Johnson, Project #9 Continuing Education for Graduate Physical Therapists (Assistant Professor, University of N.C.)
Susanne L. Chase, Project #21 Innovations in Clinic Nursing (School of Nursing, University of N.C.)
Don L. Marbry, D.D.S., Director, Project #8 Continuing Education in Dentistry (UNC, School of Dentistry)
Robert Howard, M.D., Project #19 Training Physician's Assistants (Duke University Medical Center)
Charles Hammond, M.D., Assistant Director, Project #17 Trophoblastic Cancer (Duke University Hospital)
John Payne, M.P.H., Project #1 Education and Research in Community Medical Care (UNC, Health Sciences)
B. Lionel Truscott, M.D., Director, Project #15 Stroke (Bowman Gray School of Medicine)

Other

Betty Compton, Student, UNC, School of Nursing
Evelyn Aabel, Student, UNC, School of Nursing
Arthur E. Wentz, M.D., Coordinator, Metropolitan Washington, D.C. - RMP
Joseph Costello, Biostatistician, West Virginia RMP
William Warlick, South Carolina RMP
Jack Mason, Ph.D., Virginia RMP
Robert A. Youngerman, InterRegional Representative for the S.E. RMP's
L. J. Heaphy, Jr., M.D., Cooperative Activities, Bowman Gray School of Medicine
Kathryn Taylor, Memphis RMP
Russ Clack, Memphis RMP
E. W. Miller, Memphis RMP
Bob Randolph, Health Planning Consultant, Charlotte, N.C.
Lewis N. Amis, Memphis RMP
Ellen P. McDowell, Memphis RMP
H. M. Filts, N.C. Central University
Hugh A. Mathews, M.D., President, State of Franklin Health Council
Charles W. Edwards, Jr., State of Franklin Health Council, Mountain Ramparts, Inc.

PURPOSE OF THE SITE VISIT: This site visit was conducted because of the anticipated - the initial anniversary review triennium application - to be submitted by February 1, 1971. The NCRMP is currently in its third operational year with a funding level of $2,047,486 d.c.o. for core staff and 22 projects. The NCRMP was last site visited November 1967.

The site visit team considered the following aspects of the NCRMP:

1. Historical Development
2. Exciting Resources
3. Major Perceived Problems in Health Care
4. Analysis of Program Characteristics
    a. Goals
    b. Organization
    c. Cooperative Arrangements
    d. Planning Functions
    e. Evaluation Functions
    f. Achievements
5. Future Funding Recommendations

SUMMARY: North Carolina was one of the earliest regions to recognize its opportunity for improved health care delivery, and to begin active planning of its program. The Deans of all 3 medical schools in the state had been simultaneously replaced in 1965 before the Heart, Cancer, Stroke enabling legislation was debated and passed, and from the inception of the planning, they worked closely together, as a team of leaders, along with the Dean of the University of North Carolina School of Public Health. This academic leadership was able to sell the concept of the program to the leadership of the State Medical Society, although many of the county societies were disinterested in developing the Advisory Council of Health Professions (later Board of Directors). Dr. George Paschal and the 4 deans worked closely together with Dr. Jacob Koomen, head of the Department of Public Health, and other key figures from the Medical Care Commission, who functioned as the Board of Directors of the program and who employed Dr. Marc Musser as first director. From the time of its selection, the Regional Advisory Group (or Council) was limited to an advisory position with limited activity and no real power except as its membership included some of the Board of Directors. The present program represents chiefly

the planning and evaluative activities of the Deans and the other members of the Board of Directors, with momentum developed by the very active recruiting and organizing activities of Dr. Musser.

In April 1970, Dr. Simmons Patterson assumed the directorship of the program, and has since strengthened the fulltime components of the core staff operations: he brings to the job experience as a long-time practicing surgeon in eastern North Carolina, a medically remote section, and some earlier work with cancer planning for the area as a member of the core staff. Thus the preponderant academic make-up of the Board of Directors has now been balanced by an experienced surgeon with broad professional experience and acquaintance.

Dr. Patterson has strengthened the planning and administrative functions of the core staff, and has demonstrated a solid ability to continue Dr. Musser's leadership with an improved organizational approach, needed after the rapid development of many new programs.

Resources

The resources of the region for its RMP activity are outstanding, especially:

a) Three aggressively led medical schools with obvious interests in community health care, continuation education, and innovative training activities. Each has its patient flow area and various kinds of outreach programs.

b) An outstanding School of Public Health, which has developed area wide public health nurse activities and a graduate program of considerable size, annual budget $7,000,000.

c) An excellent and cooperative Department of Public Health.

d) Dedicated Medical Society and Hospital Association leadership - many of the same figures were present now as 3 years ago - Dr. George Paschal, Past President of the North Carolina State Medical Association; Mr. Henderson, Chairman, Advisory Council, Chairman, Board of Directors NCRMP, Exec. Sec'y. of North Carolina Medical Care Commission; Dr. Jacob Koomen, Director, State Board of Health, etc.

e) Centrally located headquarters outside of the Medical Centers in a former private home.

f) Rapprochement between the white and non-white communities, as shown by recent integration of hospital care facilities, State Medical Association, and cooperative assistance by RMP in OEO health center planning in Durham.

g) Private physician acceptance of needs for trained medical assistance in their practices, by 40-50% of the 3,500 medical practitioners.

3. Major Problems Recognized in Health Care:

1. One-half of all hospitals under 100 beds in size.

2. Largely rural population, isolated into pockets by mountains in the west. and by marshes and estuaries in the east.

3. At least 17% non-white, with a predominance of low-income white and non-white citizens throughout the state.

4. Diminishing ratio of physicians to population in rural areas, with majority of those remaining in practice approaching retirment in 10-15 years. State-wide ration 69 M.D./100,000; 90-95/100,000 in urban areas, 33/100,000 in rural areas, with 40% over 60 years in age.

4. Analysis of Program Characteristics:

An attempt was made to numerically assess identifiable components of the program (Table 1). The discussion will amplify the table:

a) Goals:

Those selected were appropriate to the region's needs and have received modification with experience and changing Federal guidelines. The were selected by a combination of data gathering, intuitive and deductive input from medical schools, and local physician response to questionnaires and desires. They appear to reach out to the entire state population, including the non-whites, and to those areas lacking professional coverage.

b) Organization:

1. Program Director: Dr. Simmons Patterson was highly rated by all the site visitors as a very knowledgeable, tactful, and able administrator, who works well with his Board of Directors, Advisory Council, and staff. He views this job as a challenge based upon real needs, and is an understanding advocate of RMP, generating loyalty in his staff.

2. Regional Advisory Group (Council): This has had limited black representation, due to non-participation by several black candidates. It is not potent in decision making, but discussions are under way to increase its involvement in planning and in decision making. Consumer, allied health, and lay representation is deficient. Procedures appear standard, it is cooperative; and by some of its staff serving on the Board of Directors or on advisory categorical committees, it does participate in the program. Leadership has been stable and interested in the program.

3. Board of Directors: This is the executive power structure of the program, harmonizing the actions of the 4 schools, the hospital association, and the Department of Public Health. It has performed very ably to date, but its harmonious function could be disrupted, or the direction of the program changed, by alteration in present Dean composition (Dr. Isaa Taylor is resigning as Dean at UNC in June).

4. Core Staff: Extremely competent with outstanding planning activity and excellent data gathering thus far. Deputy director appears to have excellent administrative control. Management and fiscal methods are those of Duke University. The Stroke director has outstanding ability in directing his program, and Heart director appears very good; full-time Cancer director is being recruited. Planning director, Dr. Lee Holder, also a capable evaluator, appears to be outstanding.

5. Cooperative Arrangements: Outstanding. Nearly every possible public health agency has been drawn into the planning or operational program, with exception of the black medical association (less than 200 members out of 3,500 M.D.'s in state). However, there has been active support given to the Durham OEO Health Center planning. Arrangements do not appear to have been officially developed between Comprehensive Health Planning at the state level, but there is multiple and frequent involvement through Board of Director and Advisory Council member working on both RMP and CHP planning. CHP definitely making use of RMP data base.

6. Sub-regionalization of Activities: Proceeding at different rates in varying locations, in various categorical areas. Positive evidence of development of sub-regional medical care activities in State of Franklin (west) in coronary care, in southern counties in cancer, and in all major sections of the state in stroke. Administrative sub-regionalization has not been developed.

c) Planning:

Very capable staff, in stroke and heart disease, and in allied health professionals. Several members professionally qualified (Ph.D., R.N., Ed.D.). There is use being made of extensive medical manpower and facility data base which has been developed by the Evaluation section. Objectives are realistic, preliminary studies in some cases very imaginative, and existing resources are used cooperatively and extensively. Priority selection has been reviewed at least once.

Additional interaction between different categorical planning activities seems desirable.

d) Evaluation:

The evaluation section of the program to this point has consisted of a data-gathering activity for core planning, which has been productive of several monographs, forming a valuable base for future activities. The so-called evaluation branch is housed in one of the medical schools and is directed by an anthropologist who does not feel comfortable in an evaluation role. Good evaluation proposals were not built into the emphysema project, indicative of a failure in project planning. While the continued gathering of health care data will be desirable in the future and should be retained as a core activity, a stronger evaluation section must be developed in the core office, as a neutral site, to improve evaluation of progress, and to remove fears of institutional bias, real or imagined. The present deficiencies in evaluation activity seem largely offset by the superb job of data gathering performed to date by Dr. Harvey Smith and his colleagues, which provides one of the best possible platforms from which progress may be measured in the future of any RMP in the country.

e) Achievements:

Real progress has been made in the following areas:

(1) Expansion of coronary care units from 6 to 60 hospitals in the state; establishment of self-supporting coronary care units in the State of Franklin, where gross mortality has fallen from 28% to 14% in a chain of rural hospitals.

(2) Establishment of effective community hospital stroke rehabilitation programs in 1/3 of the 100 counties of the state - an outstanding accomplishment that might serve as a national model.

(3) An out-reach cancer chemotherapy program has been developed in about 1/3 of the counties in the west, involving 130 physicians, which has altered physicians' attitudes and behavior in caring for this disease, as has been the case in the stroke program.

(4) An extensive background for cooperative medical activity has been developed between medical schools, the health department, hospital association, and the medical profession.

(5) A detailed Health data base has been collected and published, has provided a guide for future planning.

(6) Programs of physicians assistance have been aided in their development.

(7) About 16,000 children have been screened for murmurs, with 3/1,000 suspects found.

Other projects in continuing education (cancer information service, central cancer registry, cardiopulmonary resuscitation, continuing education for physical therapists, dental education, continuing education in internal medicine, education and research in community medical care, heart consultation and education, tumor tissue registry, trophoblastic center) have not yet received evaluation by their proponents or by core staff.

CONCLUSIONS:

Overall rating - one of the best group of regions, upper 20% category, based upon present strengths:

(1) Program director,
(2) Core staff,
(3) Area resources,
(4) Development of linkages and cooperation between institutions,
(5) Planning functions, especially in support of rural medical care,
(6) Health data base for region,
(7) Effective outreach programs in stroke, cancer, and heart disease and medical care assistance

Chief weaknesses identified:

(1) Regional Advisory Group,
(2) Dominant control of program by Board of Directors representing medical schools - a strength in the past but potentially a weakness.
(3) Core evaluation input into planning.

RECOMMENDATIONS:

Operational funding for another 3 years at present or slightly (10%) higher level.

Developmental component - 10% present direct costs for 2 years, with renewal contingent upon uses.

Project #26 Emphysema: The site visitors recommend two-year approval for funding of two community hospital units outside of Duke University, for personnel and travel. No support for equipment is recommended.

Critique of emphysema project: Able direction, with good outreach into sub-regional emphysema screening and consultation centers at local hospitals. Training course for nurses and M.D.'s omits any reference to smoking re-education of respiratory cripple. Funds for Duke's personnel support not well justified, since they already have a strong center - site visit committee believed these monies would be better used for secretarial or part-time physician assistance or consultation in peripheral hospitals. Noteworthy involvement by capable interested internists at community hospital level.

Region North Carolina

1st Triennium (current) funded

01	D.C.	Ind. c.	total
01	1,572,201		
02	1,883,722		
03	2,191,873		

Proposed 2nd Triennium

	D.C.	Ind. C.	Total
04	3,875,178	760,724	4,635,902
05	3,591,384	775,729	4,367,113
06	3,559,498	762,337	4,321,835

COMPONENTS BY DISEASE CATEGORY

Current 03 YEAR

ART
On-going
Projects 6
Total $S 312,286
% $S 14%
Approved/unfunded 0
Disapproved 0

NCER
On-going
Projects 5
Total $S 270,476
% $S 13%
Approved/unfunded 0
Disapproved 0

ROKE
On-going
Projects 1
Total $S 258,740
% $S 12%
Approved/unfunded 0
Disapproved 0

DNEY
On-going
Projects 0
Total $S 0
% $S 0
Approved/unfunded 0
Disapproved 0

ELATED DISEASES
On-going
Projects 1
Total $S 89,908
% $S 4%
Approved/unfunded 0
Disapproved 0

ULTICATEGORICAL & GENERAL
On-going
Projects 8
Total $S 593,957
% $S 27%
Approved/unfunded 2
Disapproved 0

CORE
On-going
Total $S 666,506
% $S 30%
Approved/unfunded 0
Disapproved 0

COMPONENTS BY TYPE OF ACTIVITY

TRAINING AND EDUCATION
On-going
Projects 17
Total $S 1,111,121
% $S 51%
Approved/unfunded 2
Disapproved 0

DEMONSTRATION OF PATIENT CARE
On-going
Projects 4
Total $S 414,246
% $S 19%
Approved/unfunded 0
Disapproved 0

RESEARCH & DEVELOPMENT
On-going
Projects 0
Total $S 0
% $S 0
Approved/unfunded 0
Disapproved 0

ADMINISTRATION & PLANNING
On-going
Projects - Core
Total $S 666,506
% $S 30%
Approved/unfunded 0
Disapproved 0

Region North Carolina

4th YEAR

Proposed
COMPONENTS BY DISEASE CATEGORY (d.c.o.)

EART
Projects 6
Total $S 377,310
% $S 9%
Approved/unfunded 0
Disapproved 0

ANCER
Projects 6
Total $S 462,545
% $S 11%
Approved/unfunded 0
Disapproved 0

TROKE
On-going
Projects 1
Total $S 207,000
% $S 5%
Approved/unfunded 0
Disapproved 0

IDNEY
Projects 1
Total $S 486,550
% $S 13%
Approved/unfunded 0
Disapproved 0

RELATED DISEASES
Projects 2
Total $S 186,455
% $S 5%
Approved/unfunded 0
Disapproved 0

MULTICATEGORICAL & GENERAL
Projects 13
Total $S 1,261,297
% $S 34%
Approved/unfunded 2
Disapproved 0

CORE AND DEVELOPMENTAL
Projects Core & Develop.
Total $S 894,021
% $S 23%
Approved/unfunded 0
Disapproved 0

Proposed
COMPONENTS BY TYPE OF ACTIVIT (d.c.o.)

TRAINING AND EDUCATION
Projects 21
Total $S 1,627,712
% $S 42%
Approved/unfunded 2
Disapproved 0

PATIENT CARE
Projects 8
Total $S 1,353,445
% $S 35%
Approved/unfunded 0
Disapproved 0

RESEARCH & DEVELOPMENT
Projects 0
Total $S 0
% $S 0
Approved/unfunded 0
Disapproved 0

ADMINISTRATION & PLANNING
Projects Core & Develop.
Total $S 894,021
% $S 23%
Approved/unfunded 0
Disapproved 0

REVISED 3/16/71

REGION North Carolina

CYCLE RM 00096 5/71

BREAKOUT OF REQUEST 04 PERIOD Triennium

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental Component				200,000	200,000	---	200,000
CORE	694,021				694,021	252,150	946,171
#1R - Ed. & Research in Community Med. Care		216,798			216,798	40,517	257,315
#2R - CC Training & Develop.	94,605				94,605	20,885	115,490
#3R - Diabetic Consultation	62,550				62,550	14,658	77,2[illegible]
#4R - Central Cancer Registry		25,975			25,975	4,676	30,651
#5R - Medical Library	24,039				24,039	6,413	30,452
#7R - CE in Internal Medicine		11,075			11,075	396	11,471
#8R - CE in Dentistry		69,925			69,925	12,797	82,722
#9R - CE for Physical Therapists		67,182			67,182	12,718	79,900
#13R - Cardio. Resuscitation		62,388			62,388	12,558	74,946
#14R - Heart Consult. & Education Program		7,050			7,050	286	7,336
#15R - Comprehensive Stroke		207,000			207,000	27,343	234,343
#17R - Trophoblastic Diseases	53,485				53,485	15,596	69,081
#18 - Tumor Tissue Registry	6,631				6,631	---	6,631
#19 - Physicians Ass't. Prog.	169,662				169,662	36,893	206,555
#22 - Oncology Program	86,860				86,860	22,249	109,109
#23 - Heart Sounds	72,986				72,986	13,436	86,422
#27 - Dial Access				95,846	95,846	15,248	111,094
#28 - Chronic Uremia				486,550	486,550	86,197	572,747
#29 - CE for Physicians and Allied Health				102,086	102,086	13,317	115,403
#30 - Rheumatic Fever Prev.				112,805	112,805	12,112	124,917
#31 - Cardiac Pace Ed.				27,476	27,476	7,681	35,157
#32 - Career Ladder Nursing				91,919	91,919		91,919
#33 - CE in Nursing				29,017	29,017	6,231	35,248
#34 - Family Nursing Practice				192,575	192,575	41,855	234,430
#35 - Screen. & Referral Prog.				121,474	121,474	18,819	140,293
#36 - Cancer Program				262,694	262,694	22,160	284,854
#37 - Coop. Prog. in CE				69,699	69,699	15,428	85,127
#36 - Emphysema & Lung Prog.				123,905	123,905	23,003	146,908
#38 - Cancer Tele. Conference				26,900	26,900	4,902	31,802
TOTAL	1,264,839	667,393		1,942,946	3,875,178	760,724	4,635,902

GR3-3/2/71

REGION - 37 -
CYCLE

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental Component				200,000	200,000	---	200,000
CORE	763,423				763,423	277,365	1,040,788
#1R		231,388			231,388	47,517	278,905
#2R		94,564			94,564	21,066	115,630
#3R	42,306				42,306	15,450	57,756
#4R		29,829			29,829	6,777	36,606
#5R		---			---	---	---
#7R		11,075			11,075	396	11,471
#8R		58,051			58,051	13,502	71,553
#9R		64,678			64,678	13,736	78,414
#13R		61,896			61,896	12,532	74,428
#14R		---			---	---	---
#15R		212,126			212,126	27,543	239,669
#17R		49,321			49,321	17,156	66,477
#18R		---			---	---	---
#19	114,220				114,220	37,669	151,889
#22		---			---	---	---
#23		27,070			27,070	5,049	32,119
#27				94,461	94,461	16,014	110,475
#28				395,166	395,166	76,191	471,357
#29				130,300	130,300	15,252	145,552
#30				107,436	107,436	12,527	119,963
#31				20,996	20,996	4,651	25,647
#32				97,487	97,487	---	97,487
#33				34,137	34,137	7,640	41,777
#34				209,400	209,400	44,306	253,706
#35				96,711	96,711	17,759	114,470
#36				203,095	203,095	23,268	226,363
#37				79,975	79,975	19,285	99,260
# 25				134,603	134,603	37,931	172,534
# 38				27,670	27,670	5,147	32,817
TOTAL	919,949	839,998		1,831,437	3,591,384	775,729	4,367,113

BREAKOUT OF REQUEST 06 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Developmental				200,000	200,000		200,000	600,000	600,000
CORE	839,765				839,765	305,101	1,144,866	2,297,209	3,131,825
#1R		256,028			256,028	49,892	305,920	704,214	842,140
#2R		73,747			73,747	16,214	89,961	262,916	321,081
#3R	---	---			---	---	---	104,856	134,934
#4R		31,429			31,429	7,183	38,612	87,233	105,869
#5R		---			---	---	---	24,039	30,452
#7R		11,075			11,075	396	11,471	33,225	34,413
#8R		60,283			60,283	14,225	74,508	188,259	228,783
#9R		68,568			68,568	16,077	84,645	200,428	242,559
#13R		56,041			56,041	11,585	67,626	180,325	217,000
#14R		---			---	---	---	7,050	7,336
#16R		219,184			219,184	27,543	246,727	658,310	720,939
#17R		51,188			51,188	18,014	69,202	153,994	204,760
#18		---			---	---	---	6,631	6,631
#19		---			---	---	---	283,862	358,444
#22		---			---	---	---	86,860	109,109
#23		---			---	---	---	100,056	118,541
#27				94,178	94,178	16,814	110,992	284,485	332,561
#28				398,473	398,473	76,420	474,893	1,280,189	1,518,997
#29				144,200	144,200	16,341	160,541	376,586	421,496
#30				110,876	110,876	12,974	123,850	331,117	368,730
#31				21,236	21,236	5,147	26,383	69,703	87,187
#32				84,237	84,237	---	84,237	273,643	273,643
#33				36,400	36,400	8,193	44,593	99,554	121,618
#34				232,189	232,189	47,792	279,981	634,164	768,117
#35				99,024	99,024	18,188	117,212	317,209	371,975
#36				209,765	209,765	24,431	234,196	675,554	745,413
#37				98,100	98,100	23,142	121,242	247,774	305,629
#26				135,034	135,034	41,261	176,295	393,542	495,737
#38				28,478	28,478	5,404	33,882	83,048	98,501
TOTAL	839,765	827,543		1,892,190	3,559,498	762,337	4,321,835	11,026,060	13,324,850

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

NORTH CAROLINA REGIONAL MEDICAL PROGRAM
RM 00006 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Approval in the reduced amount of $2,049,000 each year for three years. The recommended level of support does not include consideration of the renal disease project #28 which was submitted for review in competition for RMPS funds earmarked for kidney disease. Reviewed by a special RMPS study group meeting simultaneously with the Review Committee, the renal project was deferred for a site visit. Computation based on the 04 year request is as follows:

	Direct Costs	
	Requested	Recommended
Core	$ 694,021	$ 694,000
Continuation Projects	570,818	355,000
Renewal Projects	667,393	100,000
New Projects	1,942,946	700,000
Developmental	200,000	200,000
Total	$3,875,178	$2,049,000

Costs requested and recommended all years:

	Direct Costs	
Operational Years	Requested	Recommended
04	$ 3,875,178	$ 2,049,000
05	3,591,384	2,049,000
06	3,559,498	2,049,000
Total	$11,026,060	$6,147,000

CRITIQUE: The report of the November 17-18, 1970 site visit was presented by the chairman of the site team. Now in its 5th year (3rd operational year), North Carolina was one of the earliest regions to begin active RMP planning. From the inception of planning, predating the legislation, the deans of the three medical schools and the North Carolina School of Public Health have worked closely together providing leadership and good university back-up support to NCRMP. At the onset, they sold the program concept to the leadership of the State Medical Society and also involved the head of the State Health Department and key persons from the Medical Care Commission. Including the hospital association and key health agencies, these outstanding resources are continually involved in the Region's activities. Rapproachment between white and non-white

communities was evident by recent integration of hospital-care facilities, State Medical Association and cooperative assistance by RMP in OEO health center planning in Durham. About 50% of the private practicing physicians have accepted the need for trained medical assistance in their practices.

Major health care problems in North Carolina include: one-half of the hospitals are under 100-bed capacity; large rural population; approximately 17% non-white population with predominance of low socio-economic whites and non-whites; and diminishing ratio of physicians in rural areas--majority of whom will reach retirement in 10-15 years.

As viewed by the visitors, the goals are compatible with the Region's needs. A dichotomy exists at the top of the organization structure. There is a RAG but the power is in the Board of Directors. Subsequent communications from the Region indicate this problem is in the process of being solved by the amalgamation of the two groups into a single governing body to be named the Regional Advisory Council. There will also be an Executive Committee to conduct business during interim meetings of the RAG. Although there are some gaps in the composition of the RAG (blacks, allied health representation and consumers), the leadership is stable and interested in the NCRMP. Since assuming the directorship April 1970, the coordinator has strengthened the planning and administrative functions of core staff, and has demonstrated solid ability to continue his successor's leadership with an improved organizational approach needed with the rapid development of new programs. The core staff are extremely competent with a good record of planning and excellent data gathering. The deputy director, a new position, appears to have excellent administrative control. Fiscal management is that of Duke University. The Stroke and Heart Directors seem very capable and a Cancer Director is being recruited. The Planning Director, also a capable evaluator, appears to be outstanding. Cooperative arrangements are excellent. With the exception of the Black Medical Association, nearly all health agencies have been drawn into planning and/or operational activities. Although sub-regional activities exist at different rates and in varying locations, specific sub-regional lines have not been developed. Though data gathering has been excellent and provides a base, good evaluation has not been built into activities. With the new core staff planning section, this problem will probably be corrected.

Progress reported by the site visitors includes: 1) expansion of coronary care units from 6 to 60 hospitals in the state; establishment of self-supporting coronary care units in the State of Franklin, where gross mortality has fallen from 28% to 14% in a chain of rural hospitals; 2) Establishment of effective community hospital stroke rehabilitation programs in 1/3 of the 100 counties of the state--an outstanding accomplishment that might serve as a national model; 3) An out-reach cancer chemotherapy program has been developed in about 1/3 of the counties in the west, involving 130 physicians, which has altered physicians' attitudes and behavior in caring for this disease, as has been the case in the stroke program; 4) An extensive background for cooperative medical activity

has been developed between medical schools, the health department, hospital association, and the medical profession; 5) A detailed health data base has been collected and published, has provided a guide for future planning; 6) Programs of physicians assistance have been aided in their development; 7) About 16,000 children have been screened for murmurs, with 3/1,000 suspects found. Other projects in continuing education (cancer information service, central cancer registry, cardiopulmonary resuscitation, continuing education for physical therapists, dental education, continuing education in internal medicine, education and research in community medical care, heart consultation and education, tumor tissue registry, trophoblastic center) have not yet received full evaluation by their proponents or by core staff.

Chief weaknesses identified by the visitors: 1) RAG composition and role; 2) eliminate control of program by the Board representing medical schools (strength in the past but now a potential weakness); and 3) core evaluation input into program.

The Committee concurred with the site visitors that this is a good Region worthy of ranking in the upper 20% of all regions. However, disappointment was expressed in the number of project renewals proposed. With one exception, the stroke project scaled down, the Committee could muster little enthusiasm for support for renewal of projects. It was believed that the Region must come to grips with phasing out support of projects and reinvesting in new activities. With regard to the projects in the continuation part of the application, the Region should begin now to phase out RMP support at the end of the currently approved periods, i.e., choriocarcinoma project #17R should be self-supporting after three years. It is understood that without being detrimental, some activities may require longer phase-out periods.

The Committee noted that three projects with continuation commitments were not priority ranked. These are #3R - Diabetic Consultation, #5R - Medical Library, and #19 - Physician Assistants. Concern was expressed about the relative priority (16 over 26) of the renal disease project #28. (The Committee agreed wholeheartedly with the Region's rating the Cancer Telephone Conference project #38 least important.) Some concern was also expressed about project #32 - Career Ladder Nursing Education which seems to be basic education. This project, given 1st priority by the Region, falls into a "grey" area regarding eligibility for RMPS funding. Committee understood that this issue will be discussed by the May 1971 Council.

RMPS RENAL DISEASE AD HOC PANEL CRITIQUE: The Panel recognized the need for a statewide program and felt that the applicant should be commended for their efforts in attempting to develop a statewide plan for all patients with end-stage renal disease. A site visit was recommended to evaluate duplication of services in dialysis, transplantation, and tissue typing. Considerable redirection is needed, as well as budget reduction.

GRB/RMPS 4/23/71

Ohio State RM 00022
Northwestern Ohio RM 00063
North Eastern Ohio RM 00064
Ohio Valley RM 00048

STAFF OBSERVATION

REGIONAL MEDICAL PROGRAMS IN OHIO

The State of Ohio is covered by four Regional Medical Programs:

Ohio State RMP comprises 61 counties in central and southeastern Ohio and is centered in Columbus.

Northwestern Ohio RMP comprises 20 counties in northwestern Ohio and is centered in Toledo.

Northeastern Ohio RMP comprises 12 counties in northeastern Ohio and is centered in Cleveland.

Ohio Valley RMP includes 14 counties in southwestern Ohio -- the rest of this Region is composed of most of Kentucky and parts of Indiana and West Virginia.

The attached map shows their geographic relationship. The estimated population served by each (after adjusting for overlap) breaks out as follows:

	Estimated Population
Ohio State	3,250,000
Northwestern Ohio	1,260,000
Northeastern Ohio	4,100,000
Ohio Valley	2,070,000 (in Ohio only)
	10,680,000

Three of the Regional Medical Programs (Ohio State, Northwestern Ohio and Northeastern Ohio) have identical anniversary dates and have submitted applications for the current review cycle. The attached chart compares selected characteristics of these three Regions.

It is difficult to determine the extent and/or quality of cooperative ventures among the three Regions, although some common activities are reported in the applications:

1. Health Careers in Ohio
2. Ottawa Valley Continuing Education Council (Ohio State and N.W. Ohio)
3. Planning for regular meetings among coordinators and core staff liaison
4. Preliminary discussion regarding a comprehensive kidney program in Ohio
5. Formation of Nurses' Coordinating Council for Continuing Education

OHIO
Districts Established January 29, 1968

Map of Congressional Districts, Counties, and Selected Cities

(24 Districts)

Northwestern Ohio RMP
20 Counties
Toledo

Northeastern Ohio RMP
12 Counties
Cleveland

Ohio State RMP
61 Counties
Columbus

Ohio Valley RMP
14 Counties
Overlap with Ohio State

County with two or more Congressional Districts

THREE RMPs IN OHIO

CHARACTERISTICS	OHIO STATE (COLUMBUS)	N.W. OHIO (TOLEDO)	N.E. OHIO (Cleveland)
Population Estimate	3,250,000	1,260,000	4,100,000
Current Year of Operations	02	02	01
Current Funding (D.C.)	$973,793	$781,332	$690,187
Core Support Projects	($533,245) ($440,548)	($335,200) ($446,132)	($445,250) ($244,937)
Requested Funding Next Year (D.C.)	$1,832,892	$1,324,519	$995,597
Developmental Component	Requested	Requested	Not Requested
Facilities & Resources:			
Medical School	one	one	one
Professional Nursing School	14	10	21
Practical Nursing Training	5	3	6
Allied Health Schools	15	20	42
General Hospitals/Beds	127/17,000	36/4,900	65/16,545
Number of SMSA's **	five*	two	four
Grantee Agency	Ohio State University	Medical College of Ohio at Toledo	NEORMP
Fiscal Agent	Ohio State University	Medical College of Ohio at Toledo	Case Western Reserve University
Regional Advisory Group:			
Number of Members Number of Annual Meetings	34 three	50 four	71 four
Professional/Technical Core Personnel	14 full-time 3 part-time	7 full-time 5 part-time	11 full-time 0 part-time
Major Concerns of Staff Review (See Individual Summaries for Details)	Minority & Consumer Representation Program Direction Affect of Grantee Impact	Weak Administration and Management Core Personnel Lack of RAG Involvement Program Outreach	Absence of Coordinator & Critical Staff Consumer Representation RAG/Board Trustee Relationship

*Two overlap areas - one with Ohio Valley and one with West Virginia.
**(SMSA) Standard Metropolitan Statistical Area

GRB/RMPS

REGIONAL MEDICAL PROGRAMS SERVICE

SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

NORTHEAST OHIO REGIONAL
MEDICAL PROGRAM
10525 Carnegie Avenue
Cleveland, Ohio 44106

RM 00064 5/71
April 1971 Review Committee

Program Coordinator: David Fishman, M.D. (Acting)

This region currently is funded at $690,187 direct costs for its first operational year ending June 30, 1971. The 01 year award included indirect costs of $47,420, which represents an average indirect cost rate of approximately seven percent. The Region submits an anniversary application which requests 02 year support as follows:

I. Continuation with committed monies of core and three ongoing activities.
II. Funds for continuation of one ongoing activity for which no monies have been awarded -- it was initiated during the 01 year through rebudgeting.
III. Supplemental core support.
IV. Funds for implementation of two new activities.

A breakout of the 02 year and partial 03 and 04 year requests are included as pp. 12-14 of this document.

Although no site visit to the NEORMP is scheduled, staff review of the continuation portion of this application highlighted certain areas of concern in which the Committee and Council reviewers may be interested. These are noted briefly below and discussed in more detail on pages 7 - 9 of this summary.

1. The absence of a Coordinator and critical staff members.
2. Lack of significant consumer representation throughout the regional committee structure, except for the newly reconstituted RAG.
3. Relationship between the Board of Trustees and the RAG and the question of where decision-making authority rests.

FUNDING HISTORY

(Planning Stage)

Grant Year	Period	Funded (direct costs)
01	1/68 - 6/69 (18 mos)	$267,911
02	7/69 - 6/70	$462,663

(Operational Program)

Grant Year	Period	Funded (direct costs)	Committed (direct costs)
01	7/70 - 6/71	$690,187 1/	-
02	7/71 - 6/72	-	$707,568 2/
03	7/72 - 6/73	-	$707,568 2/

1/ Based on a negotiated budget of $786,187 but adjusted to permit the use of $96,000 unobligated balance from the 02 planning year.

2/ Recently reduced from previous commitment of $786,187 because of RMPS fiscal constraints.

GEOGRAPHY AND DEMOGRAPHY: The Northeast Ohio Region includes a 12 county area with a combined population of 4,100,000, and has a well-developed, efficient, and accessible transportation and communication systems. Five standard metropolitan service areas (Cleveland, Akron, Youngstown-Warren, Canton, and Lorain-Elyria) represent the major population centers. The Case Western Reserve University School of Medicine in Cleveland is the only medical school within the Region. Cleveland, as the largest population center, is regarded as the major center for medical care, teaching, and research. In addition to the Medical School and its affiliated hospitals, Cleveland has a number of outstanding medical facilities. Each of the other major cities has large community hospitals with active postgraduate and continuing staff educational programs. There are 65 general hospitals in the area (excluding 10 osteopathic) which have a total of 16,545 beds.

HISTORY: This program received its first planning grant in January 1968. The Region experienced initial difficulty in recruiting qualified personnel until Dr. Barry Decker was appointed coordinator in June of that year. Since no actual planning activities were undertaken during the first five months, the coordinator received approval for a six-month extension without additional funds. As a result, the 01 planning year covered an 18-month period ending June 30, 1969. Following the coordinator's appointment, appropriate staff was recruited

and the design of the organization and strategy completed. Initially the Region concentrated on developing a large volunteer organization of about 300 individuals to disseminate information. Data collection needs were identified and publications on health-related data were compiled and distributed. Strong ties with comprehensive health planning area-wide and state health planning agencies, and other institutions and agencies were developed. The second-year planning award included increased staff support and three feasibility studies in the areas of diabetes, libraries, and the development of a demonstration laser unit for intra-hospital television transmission.

In February 1970 the Northeast Ohio Regional Medical Program received a pre-operational site visit. The site team and subsequent Committee and Council reviewers agreed that the Region had demonstrated capable leadership in developing cooperative relationships throughout the area and had involved large numbers of providers in the Committee and overall organizational structure, had established data collection mechanisms and a priority system, and had recognized the need for strengthening evaluation processes. Concern was expressed, however, that few consumers of health care were involved in the program and it was suggested that the Region seek ways to involve these individuals on both the Regional Advisory Group and the various committees. Of additional concern was the relationship of the 14-member Board of Trustees/Executive Committee with the Regional Advisory Group. It appeared that the actual responsibility of approval of projects and assigning of priorities was retained by the executive committee, which is self-perpetuating by virtue of appointing itself, and members of the RAG and various other committees. The site visitors thought this served to diminish the vitality of the RAG. It was recommended that these problems be remedied by developing a more democratic appointment system and returning responsibility for the review process to the RAG. It also was thought that the intricate priority system which had been developed might not provide the necessary objectivity. The operational application which the Region submitted, requested support for core and ten projects (of which five were subsequently recommended for approval). An 01 operational year award for the support of core and three projects was made in June of 1970. A fourth activity subsequently was incorporated into the core budget, and a fifth funded through rebudgeting of basic grant funds. The Region's current distribution of funds is shown below:

Core (including Organization for University Cooperation in Health)	$445,250
#1 - Library Consulting Service	24,112
#2 - Nurse CCU Training	79,844
#3 - Strep Culture	104,807
#7 - Stroke Rehabilitation Demonstration	36,174
	$690,187

ORGANIZATION AND STRUCTURE: The grantee is a non-profit Ohio corporation which receives fiscal services from the Case Western Reserve University. The current organization structure of the Northeast Ohio Regional Medical Program consists of the following:

1. The Regional Advisory Group with 55 members meets quarterly to review policy,program and projects for submission to RMPS. Nominating Committees in each of the six subregional areas select representatives to serve on the RAG.

2. The Board of Trustees with 18 members meets on a monthly basis and maintains the dual responsibility of acting as the legal guardian of the RMP and as the Executive Committee of the RAG. The Board selects its membership from a slate prepared by a Nominating Committee of the RAG.

3. Categorical Committees (Heart, Cancer, Stroke, and Respiratory).

4. Problem Committees (Education, Service, and Data).

5. Subregional Area Committees (Central, Cuyahoga, Eastern Lorain, Northern, and Stark).

6. Numerous Subcommittees and Task Forces as determined by Committee Chairmen and the Board of Trustees.

The Committee structure of this Region involves the participation of more than 350 people throughout the area.

Subsequent to the February 1970 site visit and Committee/Council review, and in response to their concerns about the passivity of the RAG, its relationship to the Board of Trustees and the low level of consumer representation, the RAG appointed an ad hoc committee to recommend how it might better fulfill its advisory and approval functions and how the Region's administrative structure might be improved. The final report of this ad hoc committee has been accepted by the RAG and is included as a supplement to the anniversary application, along with a list of the reconstituted RAG. Briefly, the major changes which have been effected are:

1. The reduction of the RAG membership from 70 to 55, and the reduction of the number of automatic appointments to RAG from 58 to 10. The previous organization provided for the automatic inclusion on the RAG of all members of the Board of Trustees, all committee chairmen, and two additional members from each committee.

2. Greater diversification of RAG membership to provide for less physician and greater consumer and non-medical representation.

3. Changes in selection procedures for RAG and Board of Trustee members.

4. Recommendation of the ad hoc committee that categorical committees be de-emphasized and more reliance placed on area committees.

CORE: The core staff includes eleven full-time professional personnel. It does not include a Coordinator -- Dr. Decker resigned in September 1970, and program direction has been assumed by the Executive Committee of the Board of Trustees. This Committee also is conducting a search for a replacement coordinator. In addition to the Coordinator's position, there are four other professional slots unfilled. The majority of the core staff is physically located in the central offices in Cleveland, with reigonal offices in Youngstown and Akron housing small contingents of core.

During the past year, core staff has engaged in a plethora of activities, many the convenor/facilitator /broker type, and many in cooperation with various agencies and institutions. These are described on pp. III-11 through III-27 of the application and shown on the chart on page 2 of this summary. Core staff also implemented the Organization for University Cooperation in Health (OUCH), which was approved as a separate project at the national level but subsequently initiated as a core activity.

The Northeast Ohio Regional Medical Program sees its future as lying primarily in continuation and expansion of core staff activities and cooperating with existing programs rather than emphasizing project development. During the coming year core staff efforts will concentrate in the following areas:

1. A regional network of hospital-based Directors of Continuing Education with RMP backup services in evaluation and continuing medical education.

2. A regional health data system as a service to other regional agencies involved in health planning.

3. A regional network of hospital-based "discharge planners" to the continuum of other medical services.

4. The planning, education, placement and evaluation of physician assistants in the hospital, inner-city and rural environments.

5. Developing relationships between consumer groups and provider elements to improve health services to the poor.

REVIEW PROCESS: Projects are initiated by any of the Northeast Ohio RMP committees or any non-profit agency or health organization. The core staff provides assistance in the development of specific projects. All grant requests are reviewed initially by staff to insure inclusion of the necessary information and to refer the requests to the appropriate committees. All projects are referred to the local area committees for opinions regarding local applicability.

Core Supported Activities of Northeast Ohio Regional Medical Program
Categorized by Health Needs

PRIORITY 4 URGENT		PRIORITY 3 IMPORTANT		PRIORITY 2 SIGNIFICANT	PRIORITY 1 PERTINENT
Health Service Needs of the Poor	Northeast Ohio RMP Organizational Goals	Prevention & Detection Of Disease	Delivery of Health Services	Distribution of Health Services	Quality of Medical Services
Akron Model Cities	Centralized Data Processing for Lorain County	Stroke Rehabilitation Demonstration	OUCH	Ohio Hospital Association Seminars	Participation in Ad Hoc Committee on Medical Education
Clevelands West Side Citizen's for Better Health	Coordination of Ohio Regional Medical Programs	Demonstration Need for Speech Therapists in Community Hospitals	Discharge Planning in Lorain County		Professional Education Programs
Metropolitan Health Planning Corporation	Health Data System with a CHP Agency	Interagency Council on Smoking and Health	Respiratory and CE for Paramedicals		Expansion of Health Programs at Youngstown State University
Multiphasic Screening in Trumbull County	Regional Health Data System (with four CHP B agencies)	Self-Instruction for Diabetics	HCIO		Stroke Filmstrips
Health Education for Better Utilization of Services by Urban Poor	Rehabilitation Needs (with CHP)	Development of Regional Tumor Registry	CE in Nursing		
			Kidney & Renal Hospital Study		
			Discharge Planning with Metropolitan Health Planning Corp.		
			Radiation Therapy Guidelines (with Metropolitan Health Planning)		
			Pulmonary Work Evaluation Clinic		
			Coordination with Department of Community Health		
			Students from University of Michigan, University of California and CWRU		
			Health Careers Day		

Following review and modification, projects are submitted to the Board of Trustees for approval, priority rating, and referral to the Regional Advisory Group.

REGIONAL PRIORITIES: The current identified health needs of the Region and their priority ranking remain identical to those formulated and submitted in the original application for operational status a year ago. Each problem is classified on a scale of urgency (Urgent-4, Important-3, Significant-2, and Pertinent-1) and this scale is used in the priority ranking by the Board of Trustees of the projects that go through the review cycle.

1. Immediate health service needs of the poor of the cities of Northeast Ohio (Priority 4-Urgent)

2. NEORMP organizational goals (Priority 4-Urgent)

3. Prevention and early detection of disease (Priority 3-Important)

4. Increase in the potential for the delivery of health services (Priority 3-Important)

5. Equalization of the distribution of health services (Priority 2-Significant)

6. Improvement of the quality of medical services (Priority 1-Pertinent)

Forty percent of each project's numerical priority rank is determined by this scale of the urgency of the health problem which is addressed. The remaining 60% is calculated on factors of regionalization potential, estimated effect, probability of success, cost-benefits, adequacy of evaluation and probability of self-support. Included as page 8 of this summary is a chart showing the breakout by health need category of the activities for which funding is requested in this application.

I. Continuation Commitment: Staff has reviewed the continuation portion of this application which requests committed support for core activities and three ongoing activities: #1 - Library Consulting Service, #2-Nurse CCU Training, and #3-Strep Culture.

The Program Coordinator, Dr. Barry Decker, resigned in September 1970, and staff reviewers experienced great difficulty in evaluating this Region and its potential for the future in the absence of either a Coordinator or a Deputy Coordinator. There is no indication as to when a Coordinator will be found. In addition, positions for Directors of Evaluation, Research, and Communications are vacant. Although the descriptions of core staff activities are most impressive, the question of whether core will be able to maintain this momentum without Dr. Decker is moot.

NORTHEAST OHIO REGIONAL MEDICAL PROGRAM ANNIVERSARY APPLICATION REQUEST
CATEGORIZED BY HEALTH NEED1/

	CORE	PRIORITY 4 URGENT		PRIORITY 3 IMPORTANT		PRIORITY 2 Significant	PRIORITY 1 Pertinent	TOTAL
		Health Service Needs of Poor	NEORMP Organizational Goals	Prevention & Detection of Disease	Delivery of Health Services	Distr. of Health Services	Quality of Medical Services	
CONTINUATION with Commitment	$606,748 Core	$95,347 Strep Culture			$101,601 Library Service Nurse CCU Trg. OUCH (funded from Core)			$803,696 2/
with Supplemental Funds				$50,145 Stroke Rehab.				50,145
-8-	$50,000 Core Supplement				$91,756 Pulmonary Work Evaluation Discharge Plan. Health Careers in Ohio (funded from Core Suppl.)			$141,756
TOTAL REQUEST	$656,748	$95,347	-0-	$50,145	$193,357	-0-	-0-	$995,597

1/This chart includes only those activities for which funds specifically have been awarded or requested. It does not include numerous staff and core-supported activities which are outlined on pp. II-6 through II-8 of the application and the chart on page 6 of this summary because of RMPS fiscal structure.

2/The Region has requested the Council-approved level rather than the actual commitment of $786,187 which has since been reduced to $707,568.

Core activities during the past year have been varied and imaginative. Good working relationships with many other institutions and agencies are apparent, and substantial staff effort is spent in convening and facilitating activities. The real meat of the NEORMP lies in the realm of its core functions. In fact, the application states that core staff energies and funds can be used more efficiently and appropriately through cooperating with existing programs and developing several areas of obvious need rather than encouraging and submitting new projects for which funds are not likely to be forthcoming. The staff consensus was that the core dollars in this Region generally have been used wisely.

The February 1970 site visitors expressed concern about the relationship of the Board of Trustees to the Regional Advisory Group, as well as the lack of consumer representation. Included as a supplement to the anniversary application is the Region's response. The RAG membership has been diversified and reconstituted and does, indeed, include much greater consumer and non-medical representation. However, this diversification has not extended to the extensive committee structure, the membership of which is virtually entirely provider-oriented, and primarily physicians. Also, changes have been made in selection procedures for RAG and Board of Trustee members, but the functions of these groups seem not to have been altered. Staff had serious concerns as to whether the decision-making responsibility in this Region rested with the Board of Trustees (an appendage of the grantee institution) or with the Regional Advisory Group. RMPS should assist NEORMP in developing an organizational structure in which the RAG can operate without a watchdog.

The extent to which there is coordination among the four Ohio RMP's is always a question.

Staff recommended an award of $707,568 (reduction of the previous commitment of $786,187 by $78,619 because of RMPS fiscal stringencies) for 02 year continuation of core and three discrete projects, and that its concerns should be relayed to the Region with an offer of any possible assistance.

II. Continuation with Supplemental Funds

	Requested Second Year
Project #7 - Stroke Rehabilitation Demonstration. This project was included in the initial operational request,	$50,145

but the Committee/Council could not approve it, primarily because of its lack of clarity and because it seemed mainly to support patient services. However, the Region expressed such deep concern over the rejection of this activity that RMPS agreed to consider a revised proposal. The Region's feeling was that this project represented an activity outside of Cleveland and a sincere attmept to provide better coordinated care of stroke patients. The project was considered extremely important to the regionalization process. July 1970 Council reviewed the revised proposal and recommended approval in the time and amount requested. Although no funds were awarded for the conduct of this project, the Region elected to initiate it by rebudgeting monies from core.

The present application requests money for the second and third years. The revised proposal stated that efforts would be made to have this activity self-supporting at the end of the third year.

The objectives of the program include establishment of a comprehensive ambulatory stroke care program and of a replicable model of this type of care in a non-hospital setting, as well as a demonstration to increase public and medical awareness of the benefits. Since October 1970 when the activity was implemented, three new people have been hired, neurology and orthopedic clinics have been established, all of the hospitals and medical societies of the three-county area have been informed, and an increasing number of stroke patients is being served.

Third Year: $26,076

Requested
First Year
$50,000

III. Supplemental Core Support: Subcontract funds are requested for NEORMP's contribution to the program Health Careers in Ohio, to which three Ohio RMP's are contributing. It is being conducted under the auspices of the Ohio State RMP and is centered in Columbus. Applications in the current review cycle request funding for the next year as follows:

Ohio State RMP	$145,000
North East Ohio RMP	50,000
North West Ohio RMP	25,000
	$220,000

Ohio Valley RMP contributed $5,000 to this activity last year, but has since withdrawn its support.

Second Year: $50,000 Third Year: $50,000

IV. New Activities: Each of these two projects addresses itself to the problem of improved delivery of health services, and each received from the Board of Trustees and the RAG a priority ranking of three, on a five point scale.

Requested
First Year
$37,353

Project #11 - Pulmonary Work Evaluation Clinic. This proposal would establish a clinic which would accept from physicians throughout the region referrals of patients with diagnosed or suspected pulmonary problems; evaluate the degree of impairment in relation to his ability to work; recommend to the physician a comprehensive plan of approach to treatment and rehabilitation. The clinic would operate one day per week staffed by a medical team consisting of a clinic director, technicians, vocational counselor, social worker, and in selected cases, a psychiatrist. After a study of the patient, the staff would confer to reach basic recommendations, especially as to his ability to hold a job and function in the community. This would be reported in detail to the referring physician.

Second Year: $27,909 Third Year: $27,909

Requested
First Year
$54,403

Project #12 - Discharge Planning for Continuity of Care, Lorain County. The aim of this project is to establish a fully cooperative Discharge Planning Program under the County Health Department which will insure adequate care for the continuing health needs of patients in all hospitals in Lorain County. This program will develop slowly; starting with one large hospital the first year, and expanding to five smaller hospitals and complete county-wide coverage by the end of the second year.

Second Year $63,327

GRB/RMPS
3/11/71

REGION Northeastern Ohio
CYCLE RM 00064 5/71
(Anniversary Review)

BREAKOUT OF REQUEST 02 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Core	606,748				606,748	30,337	637,085
Core Supplement				50,000	50,000	- 0 -	50,000
#1 - Hospital Library Consulting Services	31,243				31,243	5,769	37,012
#2 - Nurse CCU Training	70,358				70,358	5,429	75,787
#3 - Rheumatic Fever Prev. by Strep. Cul. Prog.	95,347				95,347	12,395	107,742
#7 - Stroke Rehab. Dem. Project	50,145				50,145	4,014	54,159
#11- Pulmonary Work Evaluation Clinic				37,353	37,353	- 0 -	37,353
#12- Discharge Planning				54,403	54,403	- 0 -	54,403
TOTAL	853,841			141,756	995,597	57,944	1,053,541

GRB 2/9/71

REGION Northeastern Ohio
CYCLE RM 00064 5/71
(Anniversary Review)

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Core							- 0 -
Core Supplement				50,000	50,000	- 0 -	50,000
#1 -							- 0 -
#2 -							- 0 -
#3 -							- 0 -
#7 -	26,076				26,076	2,108	28,184
#11 -				27,909	27,909	- 0 -	27,909
#12 -				63,327	63,327	- 0 -	63,327
TOTAL	26,076			141,236	167,312	2,108	169,420

GRB 2/9/71

Northeast Ohio
RM 00064 5/71

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Core								606,748	637,085
Core Supp.				50,000	50,000	- 0 -	50,000	150,000	150,000
#1								31,243	37,012
#2								70,358	75,787
#3								95,347	107,742
#7								76,221	82,343
#11				27,909	27,909	- 0 -	27,909	93,171	93,171
#12								117,730	117,730
TOTAL				77,909	77,909		77,909	1,240,818	1,300,870

GRB 2/9/71

STAFF OBSERVATION

OHIO REGIONAL MEDICAL PROGRAMS

Health Careers in Ohio

Request: Three Ohio Regional Medical Programs have requests in this review cycle for support of a tri-regional program -- Health Careers in Ohio. The program is centered in Columbus, Ohio, under the aegis of the Ohio State RMP, and a centralized educational information center has been established. Other activities which are in various stages of development include:

An inventory of training and continuing education offerings.
A student referral service.
Programs for students in secondary schools, colleges, and universities.
Training programs for educators in colleges, junior and senior high schools, and graduate students.
Coordination of new health careers educational offerings and assistance in developing programs.
Pre-professional college program advisor and student programs.
Establishment and coordination of action and resource health manpower career programs.
Military Service Directed Into Health Careers (MEDIHC)- referral service.
Evaluation and analysis of the delivery of health services as they concern health manpower and careers in the health field.

Elaboration on these aspects of the program can be found on pp. 58-61 of the Ohio State RMP application.

The total funding which is requested for the coming year for this program is $220,000. The amounts which the three RMPs are requesting are:

Ohio State RMP	$145,000
Northeast Ohio RMP	50,000
Northwest Ohio RMP	25,000

The Ohio Valley RMP contributed $5,000 to this activity last year but has since withdrawn its support.

RMPS Policy: The new RMPS policy on health careers recruitment precludes the use of grant funds for direct operational grant support of health careers recruitment projects, although the policy still permits the use of core staff and planning monies to stimulate cooperative efforts between professional associations, clinical resources, educational institutions and other appropriate agencies to provide new opportunities for recruitment into health careers. The opinion of RMPS staff is that this $220,000 request exceeds the bounds of permissible support.

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

NORTHEAST OHIO REGIONAL MEDICAL PROGRAMS
RM 00064 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: That this Region be funded at its committed level for one additional year.

CONTINUATION COMMITMENT

Year	Request	Recommendation
02	$803,696 1/	$786,187 2/
03	-	-
04	-	-
TOTAL	$803,696	$786,187

SUPPLEMENTAL SUPPORT

Year	Request	Recommendation
02	$191,901	-0-
03	167,312	-0-
04	77,909	-0-
TOTAL	$437,122	-0-

TOTAL ANNIVERSARY REQUEST

Year	Request	Recommendation
02	$995,597	$786,187 2/
03	167,312	-0-
04	77,909	-0-
TOTAL	$1,240,818	$786,187

1/ Region requested more than its 02 year commitment.
2/ $786,187 is the original commitment for these activities. The new reduced commitment due to RMPS fiscal constraints is $691,845.

CRITIQUE: The over-riding problem presented by this application and pondered by the Committee concerned the basic viability of the Northeast Ohio area as a Regional Medical Program. Some of the specific questions raised in this regard were:

1. Little apparent relationship between Regional goals and the activities which were supported.

2. The absence of a Coordinator and critical staff members (Directors of Evaluation, Research and Communications) and the question of whether Dr. Decker, the previous Coordinator, was the driving force behind most Regional accomplishments to date.

3. Generally unimaginative project activities.

4. Although the Cleveland CHP-B agency is one of the largest in the country, NEORMP relationships with that agency appear not to be as extensive or fully developed as desirable.

5. The fragmentation of the State among the Northeast Ohio, Northwest Ohio, and Ohio State Regional Medical Programs.

In view of the above points, the staff concerns listed on page one of the yellow summary and the question of the basic viability of this Region (and parallel problems in the Northwest Ohio and Ohio State Regional Medical Programs), the consensus was that the NEORMP should be supported for one additional year at its committed level, with similar holding actions being taken for NWO and OS RMPS. Each of the three Regions should receive a site visit to concentrate on that program's problems, strengths, and weaknesses. After these three information-gathering visits, a second-stage consultative visit should include the RAG chairmen, Coordinators, sponsoring institution representatives, and other officials of each program to discuss amalgamation of the programs. The one year continuation of the three separate RMPs, then, is viewed by the Review Committee only as an interim step toward the unification of Ohio.

Continuation Commitment: Continuation funds were requested for Core and three ongoing activities (Library Consulting Service, Nurse CCU Training, and the Strep Culture). The Review Committee agreed that the commitment of $786,187* should be recommended for one additional year to support the conduct of these activities and other approved projects into which the Region chooses to rebudget, within this level of funding.

Supplemental Support: Supplemental funding was requested for the following:

A. Continuation of Stroke Rehabilitation Demonstration project which has been initiated during the 01 year through rebudgeting of funds. Although no additional funds were recommended for the continuation of this project, the Region is not prohibited from exercising its rebudgeting authority for its continuation.

B. Supplemental Core support for NEORMP's contribution to the program Health Careers in Ohio. In view of the staff opinion that expansion of this program exceeds the bounds of permissible RMPS support, the Review Committee recommended disapproval supplemental monies for its expansion.

C. Supplemental support for the initiation of two new activities: Pulmonary Work Evaluation Clinic and Discharge Planning for

* Recently reduced to $691,845 due to RMPS financial restrictions

Continuity of Care. Considering the enumerated problems which the NEORMP is experiencing (even though the Discharge Planning proposal was considered by some to represent the most imaginative project in the application) the Review Committee could recommend no additional funds for the initiation of these new projects. The Region is not prohibited, however, from beginning the activities through rebudgeting if it chooses.

GRB/RMP
4/20/71

(A Privileged Communication)

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION

NORTHWESTERN OHIO
REGIONAL MEDICAL PROGRAM
1600 Madison Avenue
Toledo, Ohio 43624

RM 00063 5/71
April 1971 Review Committee

Program Coordinator: C. Robert Tittle, Jr., M.D.

This Region currently is funded at $781,332 direct costs for its second operational year ending June 30, 1971. The 02 year award included indirect costs of $219,773, which represents an average indirect cost rate of approximately 28 percent. The Region submits an anniversary application which requests 03 year support of $1,324,519, as follows:

I. Continuation with committed monies of six ongoing activities.
II. Renewal of core support plus supplemental core support for contribution to an inter-regional health careers program.
III. Activation of two previously approved but unfunded activities.
IV. Initiation of three new activities.
V. Developmental Component

A breakout of the 03 year and partial 04 and 05 year requests is included as pp.11-13 of this document.

Although no site visit to the NWORMP is scheduled, staff review of the continuation portion of this application highlighted items of concern in which Committee and Council reviewers may be interested. Many of these are unresolved problems which were identified by the May 1970 site visitors and the subsequent Management Assessment Team:

1. A lack of strong leadership in the administration and management of the region. This weakness is demonstrated by:

   a. Inadequate core staff input into RMP activities.
   b. Core staff functions, responsibilities, and lines of authority not being defined or delineated.
   c. Project personnel headquartered in the Region's central office being diverted to core staff functional activities.
   d. An apparent control of certain medical school faculty over the Region's day-to-day administrative decisions.
   e. Serious shortcoming in core input into the financial management of the Region.

2. A lack of involvement of the RAG collectively in the overall planning of the program. Also, the Executive Board of the RAG appears to be far more involved in direct management decisions than is appropriate for a policy-making group.

3. Although core staff has been reorganized, certain specific personnel questions arise:

   a. No minorities are identified on core staff.
   b. Although the half-time position of Associate Coordinator for Planning has been changed to full-time Deputy Program Coordinator, his effectiveness in providing strong leadership in the management and administration of the Region has yet to be demonstrated.
   c. While one of the Region's major objectives is in the area of continuing medical education, there is no core staff member identified who is responsible for this effort.

4. Little or no interchange of information among the various reference panel members to promote inter-categorical planning.

5. Program outreach appears to be concentrated in the Toledo area, with some involvement in the Lima and Sandusky areas, while the remainder of the Region appears to lie dormant.

FUNDING HISTORY
(Planning Stage)

Grant Year	Period	Funded (Direct Costs)
01	1/68-12/68	$274,450
02	1/69-6/70 (18 mos.)	$471,337 1/

(Operational Stage)

Grant Year	Period	Funded (Direct Costs)	Future Commitment
01	7/69-6/70	$490,502 2/	---
02	7/70-6/71	$781,332	---
03	7/71-6/72	--	$401,245 3/
04	7/72-6/73	--	$20,830

1/ Includes core support for 01 operational year.
2/ Support for six operational projects - 01 year core included in 02 year planning award.
3/ Recently reduced from $445,827 due to RMPS fiscal constraints.

The current financial breakout for this Region's 02 operation year is as follows:

Core	$335,200
#1-Stroke Education Program	96,847
#2-Uterine Cancer Detection	94,268
#4-Coronary Care Training	161,517
#6-Action on Smoking & Health	30,021
#7-Dial Access Tape	42,649
#15-Ottawa County CE Council	20,830
	$781,332

GEOGRAPHY AND DEMOGRAPHY

The Northwest Ohio Regional Medical Program is comprised of 20 counties with an area of 8,635 square miles and a total population of approximately 1.4 million. It is an industrial area, with 90% of the employed population engaged in non-agricultural occupations. Approximately 75% of the Region's population is concentrated in urban areas and 92% of the population is white. Transportation facilities within the Region are adequate to assure prompt access to medical facilities, principally by Interstate Highways and the Ohio Turnpike. Seven major railroads serve the Region, in addition to two major interstate buslines and four major airlines. There is a new medical school, the Medical College of Ohio, located in Toledo. There are, as well 10 schools of nursing, seven of medical technology, 12 of radiologic technology and one of cytotechnology. The Region contains 36 general community hospitals with approximately 4900 beds. The Northwest Ohio RMP is joined to the south by the Ohio State RMP based in Columbus, and to the east by the Northeast Ohio RMP based in Cleveland.

HISTORY

This Region had a two-year planning phase during which time core staff was recruited (Dr. C. Robert Tittle, Jr. appointed as Coordinator) and planning and data collection studies carried out. As a result of the information compiled from these studies, the Region's priorities were established as: continuing medical education, improved rehabilitative care, and better and more prompt diagnostic methods.

A pre-operational site visit was conducted in April 1969. At that time it was noted that although the core staff was basically an administrative organization lacking professional and expert technical backup, this weakness was counteracted by an active and devoted Regional Advisory Group which was anxious for progress. The key strength of the program was seen to lie in the active support of the private medical sector. Good cooperative relationships and organizational liaison appeared to have been developed within the geographic area, but it was though that the relationship between the Program and the Medical School could be further developed to better complement each organization. Finally the site visitors agreed that the data collection emphasis had been on the generation of data in general, with little

attention given to its program significance or effective use.

A second site visit to this Region was conducted in May 1970. The need for this visit was born of Committee/Council's review of a request for a core increase. The site team was impressed with the number of interested groups which had been mobilized to show their support for the RMP and the many apparent good relationships which had been developed. Relationships between the Medical College and the RMP seemed satisfactory as well. There was disappointment over the lack of program outreach, most of the programs being concentrated in the Toledo area. The primary and over-riding concern, however, was with the unsatisfactory core staff and its functions. An elaboration of these concerns appears in the Core section of this summary, pp 7-8 . In view of the dismal discoveries about core staff, a Management Assessment visit for this Region was recommended, along with only one additional year's support for core, without the requested increase. The subsequent Management Assessment visit found most unsatisfactory core management, and the report was sent to the President of the applicant organization, the Medical College of Ohio at Toledo, for action. The present application discusses changes that have been made. See Core section of this summary.

Regional Goals: Five program priorities for the coming year are listed in the application:

1. Updating the skills and attitudes of existing practitioners of all health professions.
2. Cooperation in the development of adequate facilities for preventive and ambulatory care of all age groups.
3. Development of Inter-regional Coordination among Ohio and adjacent RMPs.
4. Facilitation of Continuing Educational Opportunities.
5. Cooperation in the upgrading of Manpower Resources.

The chart on page 5 of this summary shows the relationship of ongoing and proposed projects to the above five program priorities.

RAG and Committee Structure: The RAG is composed of 50 members and meets quarterly. Its Executive Committee meets monthly with core staff to facilitate the administrative supervision of the program. All actions of the Executive Committee are subject to RAG review and any fundamental questions of policy are referred to the full group. The NWORMP is divided into four subregions and each is represented on the RAG and Executive Committee. In addition, there is a Continuing Education Planning Committee for Non-Physician Health Personnel in each of the subregions. Four categorical reference panels act as advisory groups to the RAG. There are five other groups in the areas of lower respiratory tract neoplasms, continuing education,

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM ANNIVERSARY REQUEST
Categorized by Regional Program Priorities 03 Year

	Core	Updating Skills & Attitudes of Practitioners	Devel. Facilities for Preventive & Ambulatory Care	Inter-regional Coordination	Continuing Education	Upgrading Manpower Resources	Total Request
Continuation		Stroke Rehab. Trng. Dial Access Intensive Nurse CCU Trng. $331,454	Uterine Cancer Control $97,188	Ottawa Valley CE Council $20,525	Ottawa Valley (see inter-reg. Coord.) Smoking & Health $35,650		Committed $ 1/ $484,817
Renewal	Core $417,850						New $ $417,850
Approved/Unfunded					CE for Physicians Patient Problems - Nurse & AH CE $125,000		New $ $125,000
New	Core Supplement $25,000		Cancer Detection Low Income Pop. Toxicology Lab. $130,788	Health Careers in Ohio -HCIO (see Core suppl.)	Community Hosp. Libraries $41,064		New $ $196,852
Developmental Component				Home Trng. in Hemodialysis $100,000			New $ $100,000
Total	$442,850	$331,454	$227,976	$120,525	$201,714		$1,324,519

1/ The Region requested in excess of its committed level of $445,825 which recently has been reduced to around $400,000 due to RMPS fiscal constraints.

multiphasic health screening, information/systems, dental diseases and RMP/CHP collaboration.

Review Process: Project ideas, which are solicited periodically from the Region's health personnel, are first submitted to the core staff and then to the appropriate reference panel for approval and assistance in development. CHP also reviews for approval or disapproval of continuing the development of the proposal. A core staff member writes the proposal in accordance with RMP guidelines and with the assistance of other appropriate core personnel and CHP groups. Endorsement of the proposal is obtained from the people, institutions, and reference panels affected by it and is then submitted to the Executive Committee of the RAG. Upon Executive Committee approval, the proposal is submitted to the total RAG.

I. CONTINUATION WITH COMMITTED MONIES OF SIX ONGOING ACTIVITIES

The activities for which continuation support is requested are:

Stroke Rehabilitation Training
Uterine Cancer Control
Itensive Nurse CCU Training
Smoking and Health
Dial Access
Ottawa Valley Continuing Education Council (Co-funded with Ohio State RMP)

A breakout of these activities categorized by program priorities is on page 5 of this summary. Although the committed monies for these six activities were $445,825, the amount requested in the anniversary application is $484,817. In addition, RMPS financial stringencies have reduced the commitment to around $400,000.

During staff review of this application there were a number of unresolved problems which are noted as items of concern on pp. 1-2 of this summary. Because staff continues to have serious concerns regarding the management and viability of the Northwest Ohio RMP, it recommended that*:

1. The 02 operational year be extended for a six-month period, through December 31, 1971, at the Region's current rate of expenditures, not to exceed an annualized level of $702,924 (approximately $351,462 for six months) for the support of core and the six currently funded operational projects.

2. The six-month extension period be used to conduct a site visit which should be more in the nature of an assistance than a traditional visit, to serve the following purposes:

*Not yet (3/19/71) approved by Director.

a. Determine the actual progress which has been made with reference to the recommendations of the May 1970 site visitors and the subsequent Management Assesment Team.

b. Evaluate the capability of the Region, with its present staff, to conduct its program.

II. RENEWAL OF CORE SUPPORT AND HEALTH CAREERS CORE SUPPLEMENT

Requested Third Year	
$417,850	Renewal
25,000	Supplemental
$442,850	Total Core

Core: During the May 1970 site visit, the following observations about the core staff were made:

1. The program planner-evaluator and epidemiologist who had been appointed at the suggestion of the April 1969 site visitors had little experience or background to perform their required duties.

2. The three physicians who were Chairmen of the categorical reference panels (supported 50% of time from core budget) were devoting far less than 50% of their time to the function of planning and project development.

3. Core staff functions were not well defined and bore little relation to position titles.

4. The Program Coordinator, whom the site visitors believed to be a sincere, devoted and dedicated physician, was unsuccessful in providing the required leadership to the Region.

The subsequent Management Assessment report confirmed the site team's gloomy findings, elaborated upon the causes of the core management embroglio, and sent recommendations for their solution to the grantee organization for action.

The present application (pp. 67-70) explains what steps have been taken to correct some of the deficiencies noted in the Management Assessment Report. The areas addressed are: low staff morale, inadequate core staff involvement in RMP activities, poor indoctrination of new employees, shortcomings in core input into financial management, lack of regular staff meetings, organizational lines of authority, management documents, interference with project activity by core staff, control of time cards, purchasing authority, site of RAG meetings, distribution of reference panel meeting minutes, and reference panel membership.

In an effort to tighten up on core administration, the staff has been reorganized. Primary changes include the addition of an Associate Coordinator for Administration, the creation of a full-time position for Deputy Program Coordinators, and the freeing of the Coordinator from administrative detail to enable him to devote more time to medical aspects of the program. The application states that overall

program direction by the Coordinator and Deputy Program Coordinator now proceeds in close liaison with the Executive Board of the RAG.

In addition to renewal funds for continuation of core activities $25,000 is requested as NWORMP's contribution to the program Health Careers in Ohio, to which three Ohio RMPs are contributing. It is being conducted under the auspices of the Ohio State RMP and is centered in Columbus. Applications in the current review cycle request funding for the next year for this program as follows:

Ohio State RMP	$145,000
Northeast Ohio RMP	50,000
Northwest Ohio RMP	25,000
	$220,000

Ohio Valley RMP contributed $5,000 to this activity last year, but has since withdrawn its support.

The NWORMP will re-evaluate the objectives and activities of this Health Careers Program before determining the type and quantity of support beyond 1971.

III. ACTIVATION OF TWO PREVIOUSLY APPROVED BUT UNFUNDED ACTIVITIES

Requested First Year: $75,000

Project #14 - Continuing Education for Physicians. This project is not described in the anniversary application. June / July 1970 Committee/Council recommended approval of $75,000 for a one-year feasibility study (not to be included as part of core) which combined the programmatic aspects of two separate but similar continuing education proposals which were presented for their review. Essentially, the two proposals were for the implementation of continuing education programs based on needs identified by physicians throughout the Region, the identification of certain hospitals as learning centers, and the presentation of regional conferences and clinical programs. Approval was predicated on the belief that the Region was beginning to make some sincere efforts in continuing education and that more planning time was needed to allow a coordination of its efforts.

The region sees this activity as contributing toward its continuing education program priority.

Requested First Year: $50,000

Project #17 - Patient Problem-Oriented Education Program For Professional Nurses and Allied Health Personnel. This project is not described in the anniversary application. June/July 1970 Committee and Council recommended two-year approval of this project as a feasibility study not to be included as part of core. It was thought that the reduced amount of $50,000 per year would be sufficient funding. The principal objective

of this proposal is to help bring about a regional distribution of appropriate knowledge to all non-physician health personnel regarding current trends and changes in the concepts of care of patients with heart disease, cancer, stroke, or related diseases. Approval was recommended because it was though that the planned subregional committees and the inter-professional aspects of this activity might develop into this Region's first example of a truly regionalized program.

The Region sees this activity as contributing toward its continuing education program priority.

IV. INITIATION OF THREE NEW ACTIVITIES

Project #20 - Detection of Cervical Cancer in a Low-Income Population with Adjunctive Teaching of Breast Self-Examination. This proposal is for the continuation and expansion of a cervical cancer detection program started in 1967 under a USPHS grant at the Maumee Valley Hospital, now the Teaching Hospital of the Medical College of Ohio at Toledo. The service presently is available not only at Maumee Hospital, but at migrant worker clinics in four counties, the Planned Parenthood League of Toledo, and the Toledo Health Department. The project will be expanded programmatically with the addition of education in breast self-examination, and geographically with the extension of services to Toledo State Hospital and, hopefully, the outlying county health departments of Northwest Ohio.

Requested First Year: $31,070

Second Year: $28,584 Third Year: $31,070

Project #21 - Northwestern Ohio Regional Toxicology Laboratory. The Toxiaology Laboratory of the Medical College of Ohio at Toledo is proposing to function as a 24-hour-a-day regional toxicology laboratory to provide analytic toxicology service to other medical institutions in the region,as follows:

Requested First Year: $99,718

1. Perform assays on specimens submitted by any hospital in the Region for drug/chemical poisoning 24 hours daily.

2. Assist coroner's office in determining the nature and cause of death in suspected drug abuse cases.

3. Provide service for monitoring durgs in the urine for various drug addict rehabilitation programs.

4. Provide analysis and indentification of confiscated illicit drugs for area law enforcement agencies.

Second Year: $90,023 Third Year: $80,665

Project #22 - Proposal for Improving Library Services.

Requested
First Year
$41,064

In this project, under the auspices of the Medical College of Ohio at Toledo, a consultant will survey each hospital in the Northwest Ohio Region to 1) determine the needs and potentials of the hospital libraries, 2) suggest ways to enlarge or establish a collection, extend library services, and train personnel, and 3) obtain a commitment from each hospital to support and maintain a library. People will be recruited and trained or retrained to serve as hospital librarians where there is a need. Several methods will be used in the training program, including on-the-job training, work-training in another library, and one-day seminars. Once the program is established, a librarian will travel, instruct, evaluate, and maintain the training program.

Second Year: $30,974 Third Year: $30,117

V. DEVELOPMENTAL COMPONENT

Requested
First Year
$100,000

The entire amount of the requested developmental component would be used to support a training program for home dialysis at the Hospital of the Medical College of Ohio at Toledo. This program is described by the Region as a first step in the development of a tri-regional renal disease program on pp. 36-43 of the application.

GRB/RMPS
3/22/71

REGION Northwestern Oh[illegible]
CYCLE RM 00063 5/71
(Anniversary Review)

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental**				100,000	100,000	18,460	118,460
CORE		417,850 *			417,850	217,282	635,132
Core Supplement				25,000 *	25,000	---	25,000
#1 Stroke Rehab. Training	101,425				101,425	36,881	138,306
#2 Uterine Cancer Control	97,188				97,188	21,741	118,929
#4 Intensive Care Nurse Training	187,379				187,379	71,887	259,266
#6 Smoking & Health	35,650				35,650	10,485	46,135
#7 Dial Access	42,650				42,650	6,832	49,482
#15 Continuing Medical Ed.	20,525				20,525	5,343	25,868
#14 CE for Physicians			$75,000		75,000	26,000	101,000
#20 Cancer Detection in Low-Income Population				31,070	31,070	14,690	45,760
#21 Toxicology Laboratory				99,718	99,718	29,909	129,627
#22 Comm. Hospital Libraries				41,064	41,064	10,433	51,497
#17 Patient Problems-Nurse Continuing Education			50,000		50,000	11,164	61,164
TOTAL	$484,817	$417,850	$125,000	296,852	1,324,519	481,107	1,805,626

* Per Joseph Jewell

CYCLE RM 00063 5/71

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental							
CORE							
Core Supplement							
#1							
#2							
#4							
#6							
#7							
#15 *	21,250				21,250	6,375	27,625
#14							
#20				28,584	28,584	13,397	41,981
#21				90,023	90,023	31,679	121,702
#22				30,974	30,974	10,958	41,932
TOTAL	21,250			149,581	170,831	62,409	233,240

* Requested for 2 years only per conversation [illegible]ph Jewell and Mr. Keller (N.W.O.RMP) 2/18/71

05

:velopmental					100,000	118,460
)RE					417,850	635,132
›re Supplement					25,000	25,000
					101,425	138,306
					97,188	118,929
					187,379	259,266
					35,650	46,135
					42,650	49,482
5					41,775	53,493
4					75,000	101,000
)	31,070	31,070	14,690	45,760	90,724	133,501
	80,665	80,665	33,574	114,239	270,406	365,568
	30,117	30,117	11,397	41,514	102,155	134,943
					50,000	61,164
	141,852	141,852	59,661	201,513	1,637,202	2,240,379

SUMMARY OF REVIEW AND CONCLUSION OF APRIL 1971 REVIEW COMMITTEE

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM
RM 00063 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: That additional monies be provided for one additional year of operation.

Continuation Commitment

Year	Request	Recommendation
03	$484,817	$391,764
04	21,250	-0-
05	-0-	-0-
Total	$506,067	$391,764

Renewal of Core

Year	Request	Recommendation
03	$417,850	$295,540
04	-0-	-0-
05	-0-	-0-
Total	$417,850	295,540

Supplemental Funding

Year	Request	Recommendation
03	$421,852	-0-
04	149,581	-0-
05	141,852	-0-
Total	$713,285	-0-

Total Anniversary Request

Year	Request	Recommendation
03	$1,324,519	$687,304
04	170,831	-0-
05	141,852	-0-
Total	$1,615,952	$687,304 Maximum

Critique: The Committee reviewers recalled the reports of the May 1970 site visitors and the subsequent management assessment team which raised multiple serious questions about the organization and management of the NWORMP. The present application indicates that the Region has taken steps to correct the identified deficiencies, but the Committee, along with recent staff reviewers, was uncertain of the success of the changes which have been made. The following specific problems were described as illustrations of areas of concern:

1. Lack of information as to the capabilities of the new Deputy Program Coordinator and the New Associate Coordinator for Administration and their respective roles - particularly their relationships to the Coordinator. For instance, under the new organization it appears that everything within core staff flows through the Deputy Coordinator to the Coordinator. The written rationale behind the reorganization was the freeing up of time for the Coordinator to pursue further relationships with the physicians in the Region. The Committee reviewers, however, believe the entire organization and functional structure should be scrutinized, especially with regard to the desirability of using internal reorganization as a method of circumventing a Coordinator's administrative shortcomings.

2. The attendance of all regular staff meetings of the RAG Chairman and the President of the Medical College raises questions as to their precise roles in the administrative structure of the organization, as opposed to the policy-making structure.

3. Concern was expressed about the limited consumer input on both the RAG and its Exeuctive Committee. Further, the relationship of the Executive Committee to both the RAG and the Core staff was questioned--- it was unclear to the reviewers which group had authority for which decisions.

4. One of the concerns of early site visitors was the relative role, or lack of role, of the Medical College. Since all three new proposals and developmental component activities are based at the Medical College, reviewers wondered whether perhaps the pendulum has swung in a new direction and whether perhaps the Medical College is using RMP to mount basic programs for the school itself.

5. The fragmentation of the State among the Northeast Ohio, Northwest Ohio, and Ohio State Regional Medical Programs.

It was thought that before any decision could be made regarding the ultimate future of this Region, a site visit team would have to determine the actual progress which has been made in the administrative and organizational realignment and the capability of the Region, with its present staff, to conduct its program. As with the Northeast Ohio RMP, the reviewers essentially were questioning whether this is indeed a viable region. And in view of this underlying question, the staff concerns listed on pages one and two of the yellow summary and the apparent fundamental administrative deficits, the consensus was that the NWORMP should be

supported for one additional year at its current rate of expenditures, not to exceed a level of $687,304, with similar holding actions being taken for the Northeast Ohio and the Ohio State RMPs. Each of the three Regions should receive a site visit to concentrate on that program's problems, strengths, and weaknesses. After these three information-gathering visits, a second-stage consultative visit should include the RAG chairmen, Coordinators, sponsoring institution representatives, and other officials of each program to discuss amalgamation of the programs. The one year continuation of the three separate RMPs, then, is viewed by the Review Committee only as an interim step toward the unification of Ohio.

CONTINUATION WITH COMMITTED FUNDS OF SIX ONGOING ACTIVITIES

Continuation funds were requested for the following activities:

Stroke Rehabilitation Training
Uterine Cancer Control
Intensive Nurse CCU Training
Smoking and Health
Dial Access
Ottawa Valley CE Council

The Review Committee agreed that continuation funds should be provided for one additional year, calculated on the current rate of expenditures.

RENEWAL OF CORE SUPPORT

The Committee consensus was that core should be renewed for one additional year, the actual amount to be calculated on the current rate of expenditures.

SUPPLEMENTAL FUNDING

Supplemental funding was requested for the following:

A. Supplemental core support for NWORMP's contribution to the program Health Careers in Ohio. In view of the staff opinion that expansion of this program exceeds the bounds of permissible RMPS support, the Review Committee recommended disapproval of supplemental monies for its expansion.

B. Activation of two previously approved but unfunded activities: Continuing Education for Physicians and Patient Problem-Oriented Education Program for Professional Nurses and Allied Health Personnel. Although no additional funds were recommended for the initiation of these activities, the Region is not prohibited from exercising its rebudgeting authority for their conduct.

C. Initiation of three new activities: Detection of Cervical Cancer with Adjunctive Teaching of Breast Self-Examination, Northwestern Ohio Regional Toxicology Laboratory, and Proposal for Improving Library Services.

Considering the numerous and serious problems which the NWORMP is experiencing, the Review Committee could recommend no additonal funds for the initiation of these new projects. The Region is not prohibited, however, from beginning the activities with rebudgeting funds, if it chooses.

D. A developmental component. The designation of the entire amount of the developmental component for a renal dialysis effort raised questions for the Committee as to the Region's understanding of the potential uses of such monies and the Regional decision-making process. The recommendation was for disapproval of developmental funding.

RMPS/GRB/4/21/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

OHIO STATE REGIONAL MEDICAL PROGRAM
1480 West Lane Avenue
Columbus, Ohio 43221

RM 00022 5/71
April 1971 Review Committee

Program Coordinator: William G. Pace, III, M.D.

This Region presently is funded for its 02 operational year at a direct cost figure of $973,793, which includes carryover of $60,589. During this period the Region received indirect costs of $182,037 which represents an overall indirect cost rate of approximately 19%. The current budget period ends June 30, 1971. This application requests support for:

I. A developmental Component
II. Continuation with committed support of core and two ongoing activities.
III. The renewal of three activities.
IV. The activation of three Council-approved but unfunded activities, and expansion of core.
V. The implementation of nine new activities.
VI. Termination of two activities.

The Region requests $1,832,892 direct costs for its third year of operation, $1,871,877 for the fourth, and $1,728,866 for the fifth year. A breakout chart identifying the components for each of the 3 years is included as pages 15 through 17 of this summary.

No site visit is planned to the Ohio State RMP. However, staff review of the continuation request identified certain areas of concern in which the Committee and Council may be interested. These are listed briefly below and are discussed in more detail on page 8 of this summary.

1. The dearth of minority group representation on core, RAG, and the entire regional committee structure, as well as the Region's fulfilling the RAG requirement for members of the public with individuals not particularly representative of the general public (e.g. University Vice President).

2) The possibility that the RAG and core staff are contributing to the institutionalization of the RMP and thereby losing flexibility in dealing with emerging problems, and the affect on program direction of the grantee institution, Ohio State University.

3) The lack of allied health competencies on core staff

4) The role and effectiveness of the Local Planning Committees.

5) The extent to which the activities of this region affect the delivery and organization of health services.

6) The extent and types of cooperative relationships which have been developed.

7) Inter-regional cooperation among the four RMPs in Ohio

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funded (direct costs)
01	4/67-6/68 (15 months)	$140,271
02	7/68-6/69	920,962

Operational Program

Grant Year	Period	Funded (direct costs)	Future Commitment
01	5/69-6/70 (14 months)	$1,226,971 1/	--
02	7/70-6/71	973,793 1/	--
03	7/71-6/72	--	$642,667 2/
04	7/72-6/73	--	642,667 2/

1/ included carryover
2/ reduced from previous commitment of $714,075 because of RMPS fiscal constraints

GEOGRAPHY AND DEMOGRAPHY The boundaries of the Ohio State Regional Medical Program have remained constant since the Region's planning stage and include 61 counties in central and southern Ohio. Columbus is the geographic and cultural center of this area. Surrounding regions in Ohio are Northeastern Ohio RMP (Cleveland), Northwestern Ohio RMP (Toledo) and Ohio Valley RMP (Cincinnati and parts of Kentucky). The Region contains the Ohio State University Medical School at Columbus; 14 nursing schools; one physical therapy, two cytotechnology, four medical technology and eight radiologic technology facilities. The Region's 127 short-term non-federal hospitals contain approximately 17,000 beds. There is, in addition, a diagnostic, service and teaching cancer clinic in Columbus.

HISTORY: After two revisions of its original planning grant application to provide clarification and evidence of regional participation, program leadership, RAG status and other considerations, the Ohio State Regional Medical Program received a small planning award in April 1967. The interim Program Coordinator (Dr. Richard Meiling) was replaced by Dr. Neil C. Andrews in November of that year. The second year planning grant, of a considerably larger magnitude, included funds for core expansion, and four feasibility studies (one being earmarked monies for a mobile coronary care unit study).

A pre-operational site visit to the Ohio State RMP was conducted in December 1968. Although there were unanswerable questions about the program, since it was still in the developing stage, the site visitors (and subsequent Committee and Council reviewers) agreed that sufficient

progress had been made to justify an operational award. Peripheral and local involvement of health personnel appeared to be proceeding well. The Local Planning Committee structure was considered particularly laudatory. The program was not as university dominated as had been expected and the quality of the core staff was thought to be good. The major concern about the Region was that the Regional Advisory Group had not yet become active. It had not developed an overall program plan or regional priorities and it had not involved the area's significant black population. An 01 operational award was granted for the support of core and 7 projects.

Since that time, there has been no program site visit to this Region, and Committee, Council and staff have kept track of the Ohio State RMP primarily through review of its project applications. Some programmatic considerations which have arisen in the various reviews are:

1. Questions of the extent and quality of cooperation among the four Ohio RMPs.

2. The actual merits of the area continuing education councils which are proposed for initiation throughout the Region. (In the present application, continuation support is requested for one, renewal support for another, and new money for still a third which has been approved but remains unfunded--a fourth CE council proposal has been disapproved by Committee and Council on the grounds that evidence of the effectiveness of the approach was needed.)

3. Although during 1970 the RAG seemed to have become more active and had formulated at least general plans for the Region, it remains weak in consumer and minority group representation.

4. In the fall of 1970, Committee and Council reviewers remarked on the fact that of the last 13 project proposals submitted by the Region, only three had emerged from national review with recommendations of approval, and two of these were renewals. It was thought that this record did not reflect well on the local review process.

The current coordinator, Dr. William Pace, has been on board since February 1970. The Ohio State Regional Medical Program now is completing its 02 operational year. The current funding situation is summarized on the next page.

SUMMARY OF OPERATIONAL PROJECTS CURRENTLY
BEING SUPPORTED BY OHIO STATE RMP

Project Number and Title	Future Years of Commit. Support	Funded (d.c.) 7/1/70-6/30/71
Core	2	$533,245
#2 - Coronary Care Unit Education	1	55,572
#3 - Stroke Rehabilitation Training for Health Professionals	0	33,952
#4 - Careers in the Health Service Program	0	25,400
#6 - Mobile Coronary Care Unit	0	107,623
#8R- Computer-Assisted Instrction	2	160,000
#11- Council for Continuing Education: Springfield	0	37,171
#22- Council for Continuing Education: Ottawa	2	20,830
Total		$973,793

REGIONAL ADVISORY GROUP In November of 1970 the Regional Advisory Committee of the OS/RMP adopted new by-laws and procedures which define the functions of the RAG:

1. identification of health care needs and problems
2. establishment of priorities for their solution
3. periodic revision of program direction as needs and priorities change

Also, at the time, a nominating committee was established to diversify RAG representation. There currently are 34 RAG members, of which one is black, but the by-laws provide for 45 members and a slate of candiates apparently now is being prepared.

PROGRAM DEVELOPMENT AND REVIEW PROCESS During the pre-planning stages of project development, core staff works closely with the sponsors of each particular proposal in defining the need, determining the relationship to OS/RMP program goals, and available sources of support, and finally in the actual development of the project proposal. Each final application receives review and comment by the appropriate technical review committee or task force, as well as CHP (b) agencies, before being sent on to the Review Committee (two or three

RAG members assigned by the Program Coordinator plus the technical committee). There currently are five standing task forces: Heart, Cancer, Stroke, Kidney, and Hospital Services.

The Review Committee consideration of each proposal is the first point in the review process at which a decision regarding further progress can be made. All prior staff and task force review is advisory only, but the Review Committee decides whether to forward a proposal to the RAG (although there is an appeals procedure for the sponsor). The RAG is the final decision-making body.

REGIONAL NEEDS AND PRIORITIES In November 1970, the RAG reconsidered its previously adopted (1968) general goals and recast them in a more specific framework of needs and priorities. The four identified categories of need and priorities within them are stated below:

A. Education

1. That knowledge regarding the treatment of heart, cancer, stroke, kidney, and related diseases should be maximally known by the health professional within the region.
2. That knowledge regarding appropriate personal care and seeking of treatment for symptoms of heart, cancer, stroke, kidney and related diseases should be maximally known by the public within the region.

B. Health Care Resources - Manpower

1. That adequate manpower in all health care categories be recruited.
2. That health care manpower be distributed to maximize excellent health within the region.
3. That health manpower categories be developed which best meet the needs of the region.

C. Categorical Disease Programs

1. That as far as possible there should be the elimination of heart, cancer, stroke, kidney and related diseases.
2. That as far as possible those with the sequellae of heart disease, cancer, stroke, kidney and related disease be rehabilitated to the maximum physical, psychological, medical, and social level of functioning.

D. Resource Coordination and Assistance

1. That the various regional health care resources coordinate their activities in a manner to maximize their effectiveness.
2. That assistance be available to health care resources to enable them to develop eventually self-supporting programs that accomplish other objectives of the OS/RMP.

These are elaborated upon on pp. 35-37 and 46-88 of the application. A chart showing the 03 year request as it relates to the stated regional needs is included as page 8 of this summary.

CORE The core staff was reorganized in October 1970, at which time a Division of Community Relations was created and given responsibility for subregionalization. The primary vehicle for subregionalization is the eleven Local Planning Committees (recently reduced from 14 to more closely approximate CHP B agency boundaries) which vary in size from five to 32 members each. The responsibilities of the Local Planning Committees are stated to be the assessment of resources, the identification of problems, the establishment of goals, and the recommendation of action to the RAG. The new Division of Community Relations will work to strengthen these local groups, engage in project monitoring activities, and carry out public relations and information functions.

The reorganization also created a Planning and Evaluation Unit which will serve to involve core staff more in the evaluation activities of individual projects. This Unit also will seek to determine the effectiveness of the Region's resource allocations and will initiate a data and information system.

The current core staff roster includes 17 professional positions (all but 3 full-time) and one vacancy.

For a description of the areas in which funds are requested for expansion of core, see page 10 of this summary.

COMPONENTS OF PRESENT APPLICATION

I. DEVELOPMENTAL COMPONENT The application states that developmental funds will be used to conduct special studies, short-term pilot activities, or special research projects consistent with the Region's goals. Each proposal for use of developmental monies will be required to complete the regular regional review procedures. The first year request is slightly in excess of that allowable, and the subsequent two years are based on the total requests for those years contained in this application.

Requested First Year: $97,379

Second Year: $183,289 Third Year: $187,187

II. CONTINUATION REQUEST The Region is requesting the continuation at the committed level of core activities and two ongoing projects: #8R - Computer-Assisted Instruction, and #22 - Ottawa Valley Continuing Education Council (jointly funded with NW Ohio RMP). The application requests a commitment of $714,075, although the Region recently has been informed that the amount will be reduced to $642,667 because of RMPS fiscal constraints. Staff reviewers have recommended that the new reduced amount be awarded, but at the same time identified areas of concern in which the Committee and Council might be interested.

1. Although the 1968 site team had suggested to the Region that the area's black population be involved, two years later the number of minority

representatives on core staff, the RAG, and the entire regional committee structure is insignificant. Further, the RAG representatives who are designated as members of the public appear to have been included by virtue of their professional and public images, and not because they are representative of the general consumer public.

2. Staff wondered whether this RMP might not be becoming institutionalized through the apparent unwillingness of core staff and the RAG to adapt to new situations. Staff also observed that the Region might show a greater response to community needs if the RMP were incorporated and separated from the present grantee institution, Ohio State University.

3. The lack of allied health personnel on the core staff was noted.

4. If was difficult to determine the role of the Local Planning Committees. How do they relate to other community planning groups? What activities have bubbled up from these local committees? Are they included in the formal regional review process?

5. What impact does this Region hope to have on the organization and delivery of health services, and does its activities reflect the right approach? There are no indications, for instance, that the Region has investigated the health needs of the Model Cities areas or what it might do in the development of viable health programs in such areas.

6. It was impossible for staff to determine the extent of cooperative relationships which had been developed within the Region. Although numerous Forms 9 (Core Cooperative Relationships with Other Organizations) were submitted as pp. 107-139 of the application, for the most part they reflect only the organizational affiliations of RAG members. Staff could not tell whether the Region misunderstood the purpose of the forms or whether there were few joint undertakings to report.

7. The extent of joint participation and cooperation among the several Ohio Regional Medical Programs is open to question;

Despite the above questions, the consensus was that the Region should be supported at its committed level. The recent core reorganization provides for a Planning and Evaluation Unit as well as a Community Relations Division. Although it is still too early to measure the quality of evaluation activities, the Region's growing awareness of the necessity for evaluation is reflected in this reorganization. The Community Relations Division should do much toward helping the Local Planning Committees hone in on community problems and devise solutions, and there are indications of a developing relationship with CHP. Further, there is evidence of core's emphasis on functioning as a catalytic agent. The RAG is still in transition, but appears to be moving into a firmer decision-making role with the identification of RAG functions and a new interest in formulating a workable regional plan. Hopefully, there will be a concomitant move away from OSU dominance.

PROGRAM AREA

	ADMINISTRATION	CONTINUING EDUCATION	HEALTH MANPOWER	CATEGORICAL DISEASES	COMMUNITY RESOURCE SUPPORT	REQUESTED 03 YEAR
ONGOING COMPONENTS Continuation (committed $)	Core ($533,550)	Computer-Assited Instruction Ottawa Valley CE Council ($180,525)	Health Careers in Ohio (funded through Core)			Committed $714,075 1/
Renewal (new $)		Tri-County CE Council ($40,049)		CCU Training Stroke Rehab. Trng. ($82,019)		New $122,068
APPROVED/UNFUNDED COMPONENTS (new $)	Core Expansion ($450,870)	Greater Portsmouth CE Council ($10,976)	Volunteer Health Services ($15,900)	Phonocardioscan Screening ($62,400)		New $540,146
PROPOSED COMPONENTS (new $)		POMR - Marion Medical Social Services ($42,410)		Cancer Control Pediatric Nephrology Cadaveric Transplant Hypertension Detection Home Dialysis ($278,848)	Centralized Hospital Preadmission Drug Info. & Analysis ($37,966)	New $359,224
Subtotal	$984,420	$273,960	$15,900	$423,267	$37,966	$1,735,513
Developmental Component						97,379 2/
Total						$1,832,892

1/ Recently reduced to $642,667
2/ Developmental component request is $6,000 in excess of the allowable 10% of 02 year level

RENEWAL REQUEST

PROGRAM AREA: CONTINUING EDUCATION

Project #11R - Tri-County Continuing Education Council 3rd Year $40,049

Support is requested for the third, fourth and fifth years of this activity, after which time it should be totally self-supporting. The goal of the project is the provision of continuing education programs to local health professionals of Champaign, Clark, and Logan counties to enable them to deliver the best possible care. A 32-member council functions, for the most part, with and through other organizations and agencies, serving as coordinator, catalyst, liaison, clearinghouse, and resource center, as well as an occasional source of money to help launch continuing education activities. Local funds on a shared-cost basis are required for most activities. Local acceptance of the council has opened the possibility of its expanding to include two additional counties. It is hoped that a professional library source can be developed.

4th year: $39,774 5th year: $39,688

PROGRAM AREA: CATEGORICAL DISEASES

Project #2R - Coronary Care Unit Training 3rd Year $48,050

The first two years of this activity concentrated on the actual training of nurses in CCU techniques, but the final two years, for which renewal support is being requested, will be concerned primarily with assisting hospitals in developing self-supported CCU training programs. Core area classes will be continued, however, on a selective basis and co-sponsorship for the courses sought from local organizations, but these classes will decrease as hospital in-service training increases.

4th year $48,800 5th year -0-

Project #3R - Stroke Rehabilitation Training 3rd year $33,969

A third and final year of funding is requested for this community-based program of education in stroke management. During the coming year, emphasis will be placed on evaluation, distribution of information about the program and providing consultation to other communities interested in developing similar programs.

IV. APPROVED/UNFUNDED ACTIVITIES FOR WHICH NEW MONEY IS REQUESTED

Supplemental money is requested for the activation of three activities and an expansion of core which have received previous Council approval but for which funds have not been included in the grant to the Region.

Core Expansion June/July 1970 Committee/Council 3rd Year $450,870
recommended approval for three years of supplemental funding ($533,245, $598,286 & $666,694) for a general and non-specific expansion of core staff and activities.

The additional monies which are requested for core expansion would be distributed as follows:

Administration	$ 190,000
Manpower	110,000
Categorical Diseases	63,585
Coordination of community resources	50,000
Inter-regional coordination	37,285

$110,000 is requested to supplement the $35,000 of committed monies for the program Health Careers in Ohio (HCIO). Initiated in March of 1970 and centered in Columbus, this activity represents a cooperative venture among three RMPs in Ohio, and each is contributing funds to the OS/RMP for its support. Ohio Valley RMP contributed $5,000 last year, but has since withdrawn support. The applications in-house request the following for HCIO for the coming year:

Ohio State RMP	$145,000
N.E. Ohio RMP	50,000
N.W. Ohio RMP	25,000
	$ 220,000

The $37,285 for inter-regional coordination probably is for the addition to core of a staff person responsible for facilitating communication and cooperation among the Ohio Regions.

Beyond these two items, further specifications as to the use of the core supplement is not included in the application.

4th year: $470,000 5th Year: $485,000

PROGRAM AREA: CONTINUING EDUCATION

Project #14 - Greater Portsmouth Area Continuing Education Council - Implementation of this project would bring to a total of three the subregional continuing education councils in this Region. The other two are the Ottawa Valley and the Tri-County Councils. The Greater Portsmouth Area Council would create a mechanism for planning, development and implementation of a cohesive program of educational activities for members of the health professions in five rural counties in southern Ohio. The July 1969 Review Committee felt it could not recommend funds for yet another council of this sort in the absence of evaluative and experiential data from those ongoing. August 1969 Council, although recognizing the Committee's concerns, recommended approval as requested and suggested the Region be advised of the necessity for the careful planning and development

Requested First Year $10,976

of such projects as an approach to improving health care delivery in communities away from a medical center.

2nd year: $11,399 3rd year: $11,844

PROGRAM AREA: HEALTH MANPOWER

Project #26 - Program to Improve Volunteer Services — Requested First Year $15,900

Using several hospitals as demonstration base institutions (six to ten), this project hopes to develop new and productive ways of using volunteers in community health care and evaluate the emerging role of voluntarism in the health field. November 1970 Committee/Council in reviewing this request believed the improvement of patient care through the use of volunteers to be of questionable value. Consequently, additional funding for the conduct of this project was not recommended, although the Region was not precluded from initiating it through rebudgeting.

2nd year: $16,852 3rd year: $17,899

PROGRAM AREA: CATEGORICAL DISEASES

Project #15 - Central Ohio Phonocardioscan Screening — Requested First Year $62,400

The goal of this project is to provide heart-sound screening for 150,000 children in 47 counties and to establish this program as a permanent part of school health examinations. December 1969 Committee/Council believed this proposal represented an acceptable, inexpensive, and efficient approach to screening for heart disease in children, and recommended approval in the amount requested.

2nd Year: $63,300 3rd year: $64,000

V. NEW ACTIVITIES

PROGRAM AREA: CONTINUING EDUCATION

Project #31 - Development of POMR System in a Community Hospital — Requested First Year $32,410

A medical records system will be established in the Marion General Hospital to provide a more relevant and complete medical data base upon which to implement comprehensive health care for patients. The operating schedule calls for three year-long phases: Phase I for training, development and initial evaluation; Phase II involving interregional computer linkage with the Vermont Medical Center; and Phase III for full-scale operation. Some core funding and staff expertise and Marion General Hospital funding already has been invested, and this project is, in fact, in its initial phase.

2nd year: $46,321 3rd year: $46,321

Project #33 - Training Program for Medical Social Service Personnel in Hospital Settings - Short-term in-service education and training programs will be developed for those individuals who have been assigned medical social service responsibilities in hospitals, extended care facilities, and home health programs. The program will encourage the use by patients and their families of available local and regional health, welfare, rehabilitation, education and other resources. It is anticipated that after the program is established, participating hospitals will incorporate medical social services into their overall programs.

Requested First Year $10,000

2nd year: $10,480 3rd year: $10,984

PROGRAM AREA: CATEGORICAL DISEASES

Project #34 - Cancer Management Evaluation The purpose of this project is to define cancer management problems in the Region and develop and recommend programs for their solution to responsible and interested individuals in each county. Evaluation of responses to suggested areas for improvement in each county will be obtained by determining at six-month intervals the new local programs which have been planned or enacted since the suggestions were made.

Requested First Year $29,998

2nd year: $30,823 3rd year: $31,690

Project #28 - Pediatric Nephrology Center This proposal is for the establishment of a program for end-stage kidney disease for children and adolescents at Children's Hospital in Columbus. The Center will provide diagnostic and treatment services to kidney patients, including hemodialysis, transplantation, and pre and post transplantation supervision and care. It also will serve as the source of information for the area and will offer training programs for practicing physicians and pediatricians. All activities of the Center will be integrated with the Center for Adults in the OSU College of Medicine, and OSU will support a pediatric nephrologist to be recruited for this Center.

Requested First Year $67,700

2nd year: $67,294 3rd year: $70,384

Project #27 - Cadaveric Transplant Program It is planned to establish a model that will demonstrate that an agressive program of organ procurement will increase the supply of organs, decrease the patient's costs, and improve the results of cadaveric transplantation. This will be accomplished through three primary thrusts: (1) public education, (2) physician education, including patient suitability for donation, procurement techniques, and legal responsibilities, and (3) training and utilizing allied health personnel to perform many of the tasks of organ procurement now performed by the transplant surgeon. The project

Requested First Year $100,750

will cooperate with the National Organ Procurement Program and obtain continuing support by hospitals assuming part of the costs through third party payments and local lay foundations.

2nd year: $85,394 3rd year: $90,194

Project #30 - Program for Hypertension Detection This three-year feasibility study is for the purpose of detecting hypertension and determining if effective means can be devised to bring available methods of blood pressure control to individuals in lower income groups. A public education campaign will be launched, and a screening program aimed particularly at the black population will be carried out. Individuals in whom hypertension is detected will be referred to either their private physicians or to one of several clinics to be set up in the Model cities area in cooperation with the Columbus Metropolitan Area Community Action Organization. These clinics will be held during evening hours at existing clinic locations of Children's Hospital and will be staffed by project physicians and paramedical personnel trained through resources of OEO.

Requested First Year $28,900

2nd year: $29,956 3rd year: $31,096

Project #29 - Home Dialysis Program To implement dialysis training, two dialysis coordinators will be employed: one in Dayton and the other in Columbus. Both will be trained in extra-corporeal technology and will seek to establish patients on home dialysis at the earliest practical moment. In addition, the coordinators will ensure that initial problems related to home dialysis are resolved. It is hoped that after three years, the salaries of the coordinators could be assumed by third-party payments or local kidney association funds.

Requested First Year $51,500

2nd year: $53,700 3rd year: $56,010

PROGRAM AREA: COMMUNITY RESOURCE SUPPORT

Project #35 - Centralized Hospital Pre-Admission Health Evaluation This project proposes the performance of a total health evaluation as a part of preadmission procedures at the five hospitals in the Greater Dayton area. It is expected that the performance of preadmission tests for ambulatory patients in an out-of-hospital setting will shorten the hospital stay and result in reduction of per-patient costs and the freeing of hospital beds for use by other patients. Specifically, the Region estimates that the community could save about $1,5 million in per patient costs annually and about $9 million in new hospital construction. Physicians will be able to obtain standardized, transferable medical profiles on their patients which will improve their management of patients and, through time saved, extend their services to more patients. Only one year's funding is requested.

Requested First Year $19,966

Project #32 - Drug Information and Drug Therapy Anaylsis and Reporting Center The services of the drug information analysis center of the Ohio State University (which has been operating since 1962) will be extended and regionalized. It will provide health professionals with current and comprehensive information concerning drugs and drug therapy. Although service to physicians will be first priority, dissemination programs will be developed to expand the Center's use by pharmacists, dentists, nurses and other health practitioners. This is a one-year request only.

Requested First Year $18,000

VI. TERMINATING ACTIVITIES

Two ongoing activities have no further financial commitment from RMPS and apparently are to be terminated. No progress report on these two projects is contained in this application:

Project #4 - Careers in the Health Service Program and Project #6 - Mobile Coronary Care Unit. The Region will submit terminal progress reports soon.

REVISED - 3/9/71

REGION OHIO STATE
CYCLE RM 00022 5/71
(Triennium)

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
CORE	$ 533,550				$ 533,550	$ 61,302	$ 594,852
CORE - SUPPLEMENT			$450,870		450,870	37,971	488,841
#8R - Computer Assisted Instruction	160,000				160,000	14,381	174,381
#22 - Council for CE (Ottawa Valley)	20,525				20,525	1,602	22,127
#2R - CCU		$48,050			48,050	4,243	52,293
#3R - Rehabilitation Training		33,969			33,969	2,845	36,814
#11R - Tri-County Council for CE		40,049			40,049	3,530	43,579
#14 - Council for CE (Portsmouth)			$10,976		10,976	1,242	12,218
			62,400		62,400	2,838	65,238
#15 - PhonoCardioScan			15,900		15,900	1,461	17,361
#26 - Volunteer Services				$100,750	100,750	17,594	118,344
#27 - Kidney Transplant				67,700	67,700	8,923	76,623
#28 - Ped. Nephrology Center				51,500	51,500	8,752	60,252
#29 - Home Dialysis				28,900	28,900	4,180	33,080
#30 - Hypertension Detection							
#31 - Development of the POMR System				32,410	32,410	2,732	35,142
#32 - Drug Information & Therapy				18,000	18,000	4,421	22,421
#33 - Medi-social Service Personnel Training				10,000	10,000	2,909	12,909
#34 - Cancer Management Evaluation				29,998	29,998	2,657	32,655
#35 - Hospital Pre-Admission Health Evaluation				19,966	19,966	2,871	22,837
DEVELOPMENTAL				97,379	97,379	-0-	97,379
TOTAL	$714,075	$122,068	$540,146	$456,603	$1,832,892	$186,454	$2,019,346

REGION OHIO STATE
CYCLE RM 00022 5/71

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
CORE	$ 533,245		$470,000		$ 533,245 470,000	NOT SPECIFIED IN APPLICATION	NOT SPECIFIED IN APPLICATION
CORE - SUPPLEMENT	160,000				160,000		
#8R	21,250				21,250		
#22		$48,800			48,800		
#2R		---			---		
#23		39,774			39,774		
#11R			$11,399		11,399		
#14			63,300		63,300		
#15			16,852		16,852		
#26				$ 85,394	85,394		
#27				67,294	67,294		
#28				53,700	53,700		
#29				29,956	29,956		
#30				46,321	46,321		
#31				---	---		
#32				10,480	10,480		
#33				30,823	30,823		
#34				---	---		
#35				183,289	183,289		
DEVELOPMENTAL							
TOTAL	$714,495	$88,574	$561,5[illegible]	$507,257	$1,871,877	$192,850	$2,064,727

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
CORE	$ 586,569				$ 586,569	N		$1,653,364	N
CORE - SUPPLE.			$485,000		485,000	O		1,405,870	O
#8R	---				---	T		320,000	T
#22	---				---			41,775	
#2R		---			---	S		96,850	S
#3R		---			---	P		33,969	P
#11R		$39,688			39,688	E		119,511	E
#14			$11,844		11,844	C		34,219	C
#15			64,000		64,000	I		189,700	I
#26			17,899		17,899	F		50,651	F
#27				$ 90,194	90,194	I		276,338	I
#28				70,384	70,384	E		205,378	E
#29				56,010	56,010	D		161,210	D
#30				31,096	31,096			89,952	
#31				46,321	46,321	I		125,052	I
#32				---	---	N		18,000	N
#33				10,984	10,984			31,464	
#34				31,690	31,690	A		92,511	A
#35				---	---	P		19,966	P
DEVELOPMENTAL				187,187	187,187	P		467,855	P
						LICATION			LICATION
TOTAL	$586,569	$39,688	$578,743	$523,866	$1,728,866	$170,850	$1,899,716	$5,433,635	$5,983,789

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

OHIO STATE REGIONAL MEDICAL PROGRAMS
RM 00022 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommended that the RMP be funded at the level of commitment for one year only and that two-stage site visit be made to this Region and other Ohio RMPs. The Ad Hoc Panel on Renal Disease believed that two projects (Cadaveric Transplant Program and Pediatric Nephrology Center) were worthy of support, but proposals for Program for Hypertension Detection and Home Dialysis Program did not meet technical standards.

(DIRECT COSTS ONLY)

Continuation Commitment

Year	Request	Recommendation
03	$714,075	$714,075 1/
04	$714,495	-0-
05	$586,569	-0-
TOTAL	$2,015,139	$714,075

Renewal Activities

Year	Request	Recommendation
03	$122,068	-0-
04	$ 88,574	-0-
05	$39,688	-0-
TOTAL	$250,330	-0-

Supplemental Funding

Year	Request	Recommendation
03	$996,749	-0-
04	$1,068,808	-0-
05	$1,102,609	-0-
TOTAL	$3,168,166	-0-

Total Triennial Request

Year	Request	Recommendation
03	$1,832,892	$714,075
04	$1,871,877	-0-
05	$1,728,866	-0-
TOTAL	$5,433,635	$714,075

1/ $714,075 is the amount of the original commitment, the new reduced commitment due to RMPS fiscal constraints is $628,386.

CRITIQUE: Since this Region has not received a site visit since December 1968, and since the present triennial application appeared to be primarily a series of outlines which conveyed to the reviewers little "feel" for the Region, the Committee agreed that it did not have sufficient information adequately to judge the current status of the Ohio State RMP. In addition to the staff concerns listed on pages one and two of the yellow summary, it was thought that the application presented no clear evidence of accomplishments, did not alleviate long-standing concerns regarding the merits of the local continuing education councils, and certainly did not justify any supplemental support for this Region. Further, the NWORMP's poor success record of Council-approved activities caused the Committee to question the adequacy of the local review process. The reviewers, too, were concerned about the fragmentation of the State among the Northeast Ohio, Northwest Ohio, and Ohio State Regional Medical Programs.

In view of the above concerns (and also the serious problems in the Northeast and Northwest Ohio RMPs), the consensus was that the Ohio State RMP should be supported for one additional year at its commitment of $714,075* with similar holding actions being taken for the NEO and NWO Regions. Each of the three Regions should receive a site visit to concentrate on that program's problems, strengths, and weaknesses. After these three information-gathering visits, a second-stage consultative visit should include the RAG chairmen, Coordinators, sponsoring institution representatives, and other officials of each program to discuss amalgamation of the programs. The one-year continuation of the three separate RMPs, then, is viewed by the Review Committee only as an interim step toward the unification of Ohio.

Continuation Commitment: Continuation funds were requested for core and two ongoing activities (Computer-Assisted Instruction and Ottawa Valley Continuing Education Council). The Review Committee agreed that the new commitment level of $628,386 should be recommended for one additional year to support the conduct of these activities and other approved projects into which the Region chooses to rebudget, within this level of funding.

Renewal Request: Renewal support was requested for three ongoing activities: Tri-County Continuing Education Council, Coronary Care Unit Training, and Stroke Rehabilitation Training. Although no additional renewal funds were recommended for these projects, the Region is not prohibited from exercising its rebudgeting authority for their continuation.

*Recently reduced to $628,386 due to RMPS financial stringencies.

Supplemental Support: Supplemental funding was requested for the following:

A. Developmental Component - In view of the dearth of information about this Region, the problems cited above, and the serious concerns about the fragmentation of Ohio among three programs, developmental component funding was not recommended.

B. Activation of Approved/Unfunded Projects - Supplemental support was requested for the initiation of three projects and core expansion for which previous Council-approval has been given but for which no funds have been awarded: Core Expansion, Greater Portsmouth Area Continuing Education Council, Program to Improve Volunteer Services, and Central Ohio Phonocardioscan Screening. No additional funds were recommended for these activities, although the Region may exercise its rebudgeting authority if it wishes, except for the $110,000 supplement under Core Expansion for the expansion of the program Health Careers in Ohio. In view of the staff opinion that expansion of this program exceeds the bounds of permissible RMPS support the Review Committee recommended disapproval of supplemental monies for health careers activities.

C. Initiation of Nine New Activities - Four proposals for new activities received technical review from the Ad Hoc Panel on Renal Disease. Two of the Projects (Cadaveric Transplant Program and Pediatric Nephrology Center) were considered worthy of support. However, the Ad Hoc Panel considered that the other two renal projects, Program for Hypertension Detection and Home Dialysis Program, did not meet technical standards and should not be supported with RMP funds. These four proposals are discussed in more detail below.

The remaining new activities for which supplemental support was requested were: Development of POMR System in a Community Hospital, Training Program for Medical Social Service Personnel, Cancer Management Evaluation, Centralized Hospital Pre-Admission Health Evaluation, and Drug Information and Drug Therapy Analysis and Reporting Center. Considering the lack of substantive information about this Region, and the problems revolving around the fragmentation of the State into three separate programs, the Review Committee could recommend no additional funds for the initiation of these new projects. The Region is not prohibited, however, from beginning the activities through rebudgeting, if it chooses, except for the two projects specifically disapproved by the Ad Hoc Kidney Panel.

Brief comments of the Panel on the four renal proposals follow:

Cadaveric Transplant - The Ad Hoc Panel though the proposal should be modified to reduce the budget by $28,000 from $112,840 to $84,840.

Pediatric Nephrology Center - The Panel though that there was a distinct need for a pediatric nephrology program. The approval by the Panel was only for "seed" money to hire core personnel to initiate a much-needed program, with a concomitant reduction in the budget from $75,824 to $30,800. Funds budgeted for the salary of a pediatric nephrologist should be utilized only when the applicant agency has recruited and hired such an individual to work on this specific proposal.

Program for Hypertension Detection - The Panel considered this proposal to be poorly described and based on nonexistent data. It lacks background, method, and evaluation. There is no description of follow-up and no control is evident for this program.

Home Dialysis Program - It was agreed that the proposal does not describe need and fails to define problems. There is no description of facilities or staff, and no coordinator for the transplant program is identified. The plan was considered generally poorly written and thought out. Further, there is no estimate of the number of patients.

GRB/RMPS
4/23/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL SUPPLEMENTAL GRANT APPLICATION
(A Privileged Communication)

OHIO VALLEY REGIONAL MEDICAL PROGRAM
1718 Alexandria Drive
P.O. Box 4025
Lexington, Kentucky

RM 00048 5/71

Program Coordinator: William H. McBeath, M.D.

This application requests supplemental funds to support three new operational projects. The Region's Triennial application is due August 1971 and will be reviewed by the October 1971 Review Committee and the November 1971 Advisory Council.

Requested (Direct Costs Only)

Project # and Title	01 Year	02 Year	03 Year	Total
#22 - Coordinating Primary Care for a Rural Population	$98,610	$96,410	$98,360	$293,380
#23 - Regional Nursing Inservice and Continued Education (NICE)	$89,123	$89,400	$92,000	$270,523
#24 - Intensive CCU Nurse Training	$52,023	$53,689	$57,448	$163,160
TOTAL	$239,756	$239,499	$247,808	$727,063

This Region was originally funded at $1,064,195 (d.c.) for its third operational year ending December 31, 1971. However, due to RMP fiscal 1971-72 apportionment this total has been reduced by $88,331 to $1,064,195. The Region received indirect costs of $278,993 for this year which represents an average indirect cost rate of 26%.

Staff conducted its review of the Region's application for the third year operational funding in December 1970, and was satisfied that the Region is making progress and noted that ongoing activities reflect the Region's program "thrusts"which were established by the RAG during 1969 and remains, "The development and more effective utilization of health manpower for the delivery of improved ambulatory care."

FUNDING HISTORY

(Planning Stage)

Grant Year	Period	Funded (direct costs)
01	1/1/67-12/31/67	$285,506
02	1/1/68-12/31/68	$320,092

(Operational Stage)

Grant Year	Period	Funded (direct costs)
01	1/1/69-12/31/69	$799,195
02	1/1/70-12/31/70	$1,214,460
03 (current year)	1/1/71-12/31/71	$1,064,195 (of which $25,000 is carryover)

03 Listing of Funding Status of Core and Operational Projects in Ohio Valley RMP

Project Number	Project Title	Amount supported (d.c.) Through 12/31/71
1	Core	$338,781
2	Community Health Staff Development	$189,320
4	Library Extension	$88,332
5	University Continuing Education Resources	$120,262
6	Drug Information Service	$12,500
7	Automated Multiphasic Screening	$200,000
11	Rural Home Care	$90,000
13	Advanced Radiologic Technologist	$25,000*
	TOTAL	$1,064,195**

*Carryover funds. This project will be funded through March 31, 1971, at which time financial responsibility will be assumed by the National Center for Health Service & Research Development.

** This amount has been reduced by $88,331. To $1,064,195, however, new budgets based on the reduced amount have not as yet been received by RMPS.

SUMMARIES OF NEW OPERATIONAL PROPOSALS

Project #22 - Coordinating Primary Care for a Rural Population — Requested First Year: $98,610

This three-year proposal is sponsored by the United Health Services of Kentucky and Tennessee, an organization which was created by three community clinics: (1) Clear

Fork Community Development Projects Inc., Tennessee; Lawwell Fork Community Clinic, Inc., Kentucky; and White Oak Health Center, Inc., Tennessee. These three rural clinics which operate on a part-time uncoordinated basis are to be joined into a single health care system to serve the 4,500 people along the Kentucky-Tennessee border.

The purpose of this proposal is to strengthen and expand the primary health care system within this target area and to provide a capability for coordinating that system with supportative and specialized service outside the area.

To achieve this, the proposal will provide for the training of full-time nurse practitioners to staff each clinic; the development of a family-centered problem-oriented medical record system; the establishment of a central staff to manage the administration affairs of the primary care system; and the use of family health workers to provide an outreach and follow-up component. A University-related dental service program will also be established. Each clinic will be staffed with a full-time nurse practitioner, a health aide, a patient assistant and three or four family health workers. Physicians will be in each clinic two days each week.

Cooperative arrangements will be developed with a number of agencies and facilities outside the area.

The proposed project activities are related to the Region's "thrust" in that they:

1. Establish a mechanism for coordinating the primary health system of the area internally and with the specialized resources found elswhere.

2. Support the training of nurse practitioners to serve as the main providers of clinic services.

3. Emphasize the prevention, education and follow-up aspects of comprehensive care.

Specific objectives and an evaluation plan are presented.

Second Year: $96,410 Third Year: $98,360

Project #23 - Regional Nursing Inservice and Continuing Education (NICE). This proposal is sponsored by the OVRMP in cooperation with a number of State Hospital and Nursing Associations, State Nursing Home Associations, Inservice Education Groups and Baccalaureate Nursing Programs.

Requested First Year
$89,123

The proposal was developed in response to the need and interest demonstrated by these health agencies, institutions and organizations to provide continuing education opportunities for nurses in the Region It is designed to coordinate, collaborate and improve nursing inservice and continuing education throughout the region during a three-year demonstration period.

The ultimate goal is to reach every health institution and agency in the Region and to offer expert assistance in evaluating and strengthening their individual educational programs.

The program's activities will focus on three organizational levels which will be implemented by a full-time Regional Coordinator and three Area Coordinators:

1. Local or Individual Institutional Activity: The area Coordinators will provide the inservice and continuing education personnel in each institution with consultation and assistance in (a) establishing effective communication and understanding between the inservice staff and the administrative and service staff; (b) evaluating the program currently underway and recommending and assisting in the development of new elements; (c) identifying local sources that could be utilized to strengthen the institution's program; and (d) applying technique to objectively evaluate nursing care so that areas of sub-optimal performance can be identified and educational programs focused on specifically identified needs may be designed.

2. Areawide or Multi-Institution Activities: This approach is expected to substantially upgrade service and continuing education among more specialized personnel in smaller institutions; and bring about more effective and efficient use of personnel and equipment resources.

3. Regionwide Programs: This phase of the program activity will be organized on a regional basis and will involve the interface between the local inservice groups and the Region's baccalaureate school of nursing. Short-term courses - three to five days -- will be held and will be focused on locally identified needs that are region-wide in nature and will be designed for 30-50 students. Three such sessions were held during the past year and focused on such topics as stroke rehabilitation, development of nursing care plans and leadership and management of nursery service personnel. It is expected that three of the six baccalaureate schools will offer such sessions each year.

Second Year: $89,400 Third Year: $92,000

Project #24 - Intensive Coronary Care Unit Nurses Training

Requested First Year: $52,023

This project is sponsored by the College of Nursing and Health , University of Cincinnati, and seven collaborating institutions: College of Medicine, University of Cincinnati; American Heart Association (Southwestern Ohio); Veterans Administration Hospital Cincinnati; Cincinnati General Hospital; Good Samaritan Hospital, Cincinnati; Ohio Nurse Association and Greater Cincinnati Hospital Council. Proposed is a program to provide short-term courses to prepare the registered nurse in the special knowledge and skills required for nursing in intensive coronary care units so they can assume beginning responsibilities in a coronary care unit. The courses will include theory presentation and laboratory practice at the College of Nursing and Health as well as supervised clinical practice in the intensive care units of three area hospitals. Each course will be four weeks long and will be repeated four times each year for three years. Fourteen nurses will be accepted for each course, 56 per year, or a total of 168 nurses for the three-year period.

Second Year: $53,689 Third Year: $57,448

GRB/RMPS
3/18/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

OHIO VALLEY REGIONAL MEDICAL PROGRAM
RM 00048 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: This application which requests support for three new operational projects be partially supported as follows:

YEAR	REQUEST	(DIRECT COSTS ONLY) RECOMMENDATIONS
1st Year	$239,756	$98,610
2nd Year	239,499	96,410
3rd Year	247,808	98,360
TOTAL (Direct Costs)	$727,063	$293,380

CRITIQUE: The Committee noted that Ohio Valley RMP will submit its Triennium Application for consideration in the October/November 1971 Review Cycle.

Since this optional application included only three projects, the Committee did not have an opportunity to study their potential impact on the entire program. However, it was noted that Project #22 - Coordinating Primary Care for a Rural Population is an imaginative approach to the patient access problem and is directly related to the current OVRMP "Thrust" priority - "The development and more effective utilization of health manpower for the delivery of improved ambulatory care." On this basis the project is recommended for additional support.

With regard to Project #23 - Regional Nursing In-Service and Continuing Education, Committee believed that while it relates directly to the Region's "Thrust" and warrants approval, it does not have the unique qualities which would warrant additional funds.

Committee recognized Project #24 - Intensive Coronary Care Unit Nurses Training as the first CCU Training project to be submitted by OVRMP and in fact might be a desirable activity for this Region.

However, it was difficult to see how it relates to the "Thrust" which emphasizes ambulatory care, and it was believed that at this point in time Regions should be trying to disengage from such traditional continuing education type activities. Committee concluded that while this project is not contrary to policy it is not the type of activity which should be encouraged and thus should be approved without additional funds.

GRB/RMPS/4/23/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

Oklahoma Regional Medical Program
University of Oklahoma
Oklahoma City, Oklahoma

RM 23-03 5/71
April 1971 Review Committee

Program Coordinator: Dale Groom, M.D.

This region is currently funded at $1,162,157 (direct costs) for its second operational year (which is a 13 month period) ending May 31, 1971. Core is supported at $390,000 (d.c.), 8 projects at $747,657 (d.c.) and Smoking & Health activities (Core) at $24,500 (d.c.). The Region has submitted a Triennium Application that proposes:

I - A Developmental Component
II - The continuation of Core and four projects (5,6,8,10)
III - The activation of 1 Council-approved but unfunded activity (#4R)
IV - The renewal of two activities (#2R,#3R)
V - The implementation of 6 new activities (#13-18)
VI - The termination of two activities (#9 and Smoking & Health under Core)

The Region requests $2,020,565 (d.c.) for its third year of operation, $1,558,717 (d.c.) the fifth year and $1,422,759 (d.c.) for the sixth year. A breakout chart identifying the components for each of three years is presented on pages 2-4 of this summary.

One of the proposed new activities (#13) was previously reviewed and denied support. This point will be elaborated on later in the body of this summary.

While a site visit is not planned for this Region, a Staff review of the application will be made an attachment to this summary.

FUNDING HISTORY
(Planning Stage)

Grant Year	Period	Funded (d.c.)
01	9/1/66-8/31/67	$142,250
02	9/1/67-8/31/68	$249,017
03	9/1/68-8/31/69	$323,993

(Operational Stage)

Grant Year	Period	Funded (d.c.)	Future Commitment (d.c.)
01	5/1/69-4/30/70	$1,074,145 1/	----
02	5/1/70-5/31/71	1,162,157	----
03	6/1/71-5/31/72	--	$839,205

* The indirect cost for the Region for the current year is $273,741 which represents an indirect cost rate of 23.5

1/This award served to incorporate Core, which was being supported as a planning grant, into the operational grant period.

REGION Oklahoma
CYCLE RM 00023 5/71
(Triennium Application)

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				70,000	70,000		70,000
CORE	645,769				645,769	141,036	786,805
#13 Regional Pediatric Prog.				242,773	242,773	32,613	275,386
#14 Bartlesville Cont. Ed.				60,051	60,051	---	60,051
#15 Ada Cont. Ed. Center				39,929	39,929	---	39,929
#16 Ada. C.E. Prog. (stroke)				77,050	77,050	---	77,050
#17 Stomal Therapy and Catheter Care				63,748	63,748	23,261	87,009
#18 Nutrition & Diabetes				82,680	82,680	16,897	99,577
#3R Emphysema Program		118,247			118,247	29,822	148,069
#4R Enid Cont. Ed. Center			42,104		42,104	---	42,104
#2R Coronary Care for Oklahoma		247,459			247,459	61,367	308,826
#5 Tulsa Cancer Control Program	58,200				58,200		58,200
#6 Library & Info. Services	52,674				52,674	15,933	68,607
#8 Mammography	114,460				114,460	43,330	157,790
#10 Regional Urology Program	105,421				105,421	23,355	128,776
TOTAL	976,524	365,706	42,[illegible]	636,231	2,020,565	387,614	2,408,[illegible]

REGION Oklahoma
CYCLE RM 00023 5/71

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				70,000	70,000		70,000
CORE	664,277				664,277	*	664,277
#13				379,944	379,944	*	379,944
#14				40,711	40,711	---	40,711
#15				39,028	39,028	---	39,028
#16				70,853	70,853	---	70,853
#17				88,476	88,476	*	88,476
#18				86,799	86,799	*	86,799
#3R		118,629			118,629	*	118,629
#4R			---		---	---	---
#2R		---			---	---	---
#5	---				---	---	---
#6	---				---	---	---
#8	---				---	---	---
#10	---				---	---	---
TOTAL	664,277	118,629		775,811	1,558,717		1,558,717

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Developmental				70,000	70,000		70,000	210,000	210,000
CORE	690,539				690,539	*	690,539	2,000,585	2,141,621
#13				343,065	343,065	*	343,065	965,782	998,395
#14				43,341	43,341	---	43,341	144,103	144,103
#15				39,865	39,865	---	39,865	118,822	118,822
#16				73,746	73,746	---	73,746	221,649	221,649
#17				91,109	91,109	*	91,109	243,333	243,333
#18				71,094	71,094	*	71,094	240,573	257,470
#3R			---		---	---	---	236,876	266,698
#4R		---			---	---	---	42,104	42,104
#2R		---			---	---	---	247,459	308,826
#5	---				---	---	---	58,200	58,200
#6	---				---	---	---	52,674	68,607
#8	---				---	---	---	114,460	157,790
#10	---				---	---	---	105,421	128,776
TOTAL	690,539			732,22[illegible]	1,422,759		1,422,759	5,002,041	5,3[illegible]394

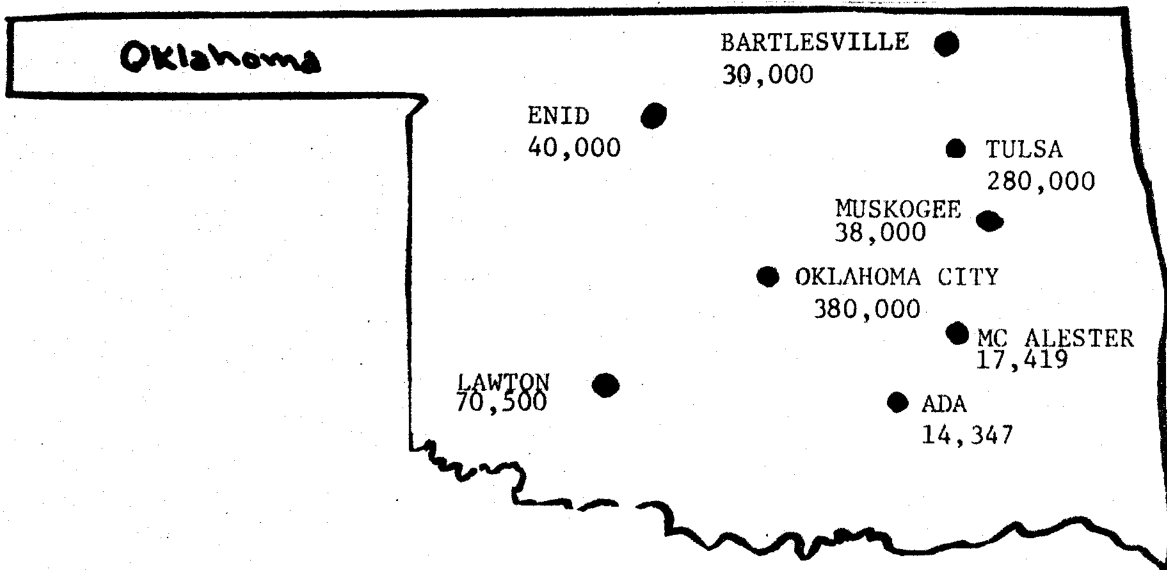
* To be negotiated

GEOGRAPHY - DEMOGRAPHY - CHARACTERISTICS:

From the beginning this Region has been defined as the State of Oklahoma.

1) Population-2.52 million (as of July 1,1968)
   a. 63% Urban
   b. 90% White, 7% Negro, 3% Other
   c. Median Age-30 years (U.S. average 29.4) 1960
2) Land Area - 68,887 square miles
3) Health Statistics:
   Death Rates by Selected Causes/100,000 - 1967, Unpublished
   a. Heart Disease - 368.8 (slightly higher)
   b. Malignant Neoplasms - 157.6 (slightly higher)
   c. Vascular lesions - 127.4 (high)
   d. General Arteriosclerosis - 19.9 (higher)
   e. Diabetes - 21.4 (very high)
4) Facilities:
   a. University of Oklahoma School of Medicine - enrollment 396
   b. Schools of Nursing - 11 (3 college or university affiliated)
   c. Schools of Medical Technology 13
   d. Cytotechnology, University of Oklahoma (1)
   e. There are 138 hospitals with 19,202 beds
5) Personnel Statistics:
   a. As of 1967, there were 2,904 physicians (2,483 M.Ds and 421 D.O.s) for a rate of 119/100,000.
   b. As of 1966, there were 6,582 total nurses of which 4,435 are employed.

Map of Oklahoma's Major Cities & Population



HISTORY & DEVELOPMENT

The Region received an initial planning grant of $142,250 (d.c.) for the year 8/1/66-8/31/67.

A second year planning grant in the amount of $249,017 (d.c.) was awarded for the period 9/1/67-8/31/68.

A third year planning award of $323,993 (d.c.) for the period 9/1/68-8/31/69.

In September 1968, the Region submitted an operational application consisting of ten projects.

In November 1968 a pre-operational site visit was conducted to the Region. The team consisted of Henry Lemon, M.D., Elliott Rapaport, M.D., Ralph Ingersoll, Ph.D., and RMPS Staff Anthony Komaroff, M.D., and Patricia McDonald. The visitors were favorably impressed with Dr. Dale Groom, M.D., who was in the process of replacing Kelly West, M.D., as Coordinator, noting he has a good background for the position. However, it was evident that Dr. West would still be actively involved in ORMP. The visitors were convinced ORMP was a true Region centering around the Oklahoma Medical Center as the focus of higher medical education in the State and there was evidence of ties between the Oklahoma Medical Center and its affiliates and the physicians of the surrounding cities and towns, including Tulsa. It was noted that in some cases the ORMP activities extend into other adjacent regions and vice-versa, however, the arrangement appeared to be working well. The visitors observed several shortcomings in the Region, these were: the organization, composition and role of the RAG; the absence of a well-integrated plan for the development of the Oklahoma program; the failure to think about setting priorities; the domination of the program by the University; and the need for nurses, hospital administrators, persons from the periphery, etc. to take an innovative role. On the other hand the visitors noted there were capable persons from the periphery who had an obvious interest in ORMP, and in particular the strong Tulsa group. There appeared to be capable leadership of the program and the excellence of the medical school which represented special categorical strength appeared to indicate the wisdom of providing operational funding.

As a result of the pre-operational site visit the Region became operational on 5/1/69 with an award of $1,074,145(d.c.) for support of Core and nine operational projects for the period 5/1/69-4/30/70. This award served to incorporate Core, which was currently being supported as a planning grant, into the operational grant period.

In April 1970 Staff reviewed the Region's 02 continuation application. Staff, noting that Dr. Groom is the only full-time physician on Core staff, was concerned about the degree of available physician leadership. It was questioned why the full-time M.D. position of Associate Coordinator was still vacant. Concern was also expressed over four of the Core staff positions being filled by retired Air Force Officers who had no prior health related experience. It was felt the proposed full-time coordinator for Tulsa area would lend strength to the program but that the functions of the positon needed to be clarified. The appropriateness

of the initiation of a number of feasibility studies was questioned and it appeared as if it was premature utilization of developmental component approach. The responsibilities of the RAG in relation to the feasibility studies were questioned. The functions of Core staff in the initiation, conduct and evaluation unapparent, and Staff seemed more devoted to initiating a series of pilot activities in prevention. Staff concluded it was uneasy about the developing program in Oklahoma and the influence and direction the Core Staff was executing on ongoing activities. Staff recommended that the continuation application be approved as requested but also that staff visit the region to gather additional information regarding the cited concerns. The Region received an 02 year award of $1,162,157 (d.c.) for Core and eight projects, with restrictions pending additional information.

On July 15, 1970, the Region responded to the major concerns cited in the April Staff Review and for the most part answered them satisfactorily; qualifications for the Tulsa Coordinator were outlined. The decision-making process for feasibility studies were described, and additional insight was provided on Core Staff's functions as they relate to ongoing projects. However, little information was provided as to how the activities of the Tulsa Core Staff would be monitored.

On July 22, 1970 a visit was made to the Region by five members of RMPS Staff: Frank Mark, M.D., Julia Kula, David Peale, M.D., James Gross, M.D., and Frank Zizlavsky. The visitors found overall planning methodologies were not sufficiently developed and only recently had a director of planning been hired. The Coordinator felt many of the deficiencies in applications resulted from lack of guidance from RMPS on how to develop applications. Professional Core Staff monitoring of projects was identified as being inadequate, as had been past progress reports. The visitors believed a large percentage of the monetary resources were going into the medical centers where there was a general reluctance of some project directors to move project activities from the medical center base into "have not" areas. The planning, ediomological, health services and other resources of the School of Public Health, which is within a few blocks of the Oklahoma RMP and would be most useful, essentially are not being used. General recommendations resulting from the visit were:

1. That a professional core staff person be delegated responsibility for continuous surveillance and monitoring of each project.

2. That an overall plan for the development of regional planning methodology, based on a systematic approach, be developed, including identification of the person who will have major responsibility.

3. That the Tulsa Area subregional coordinator attend seminars or workshops in community health planning and community action leadership type programs and develop and submit a subregional plan to the coordinator.

4. That categorical committees should serve as strong technical reviewers for the RAG.

5. That cooperative arrangements be undertaken between the School of Public Health and ORMP.

6. That the incoming ORMP supplement for additional Core staff be given consideration in view of existing needs.

7. That the Region be informed that responsibility for demonstrating program and values of individual proposals rests with ORMP staff.

8. That a chairman of the Cancer Committee be appointed in the near future.

9. Restrictions placed on the 02 year award be removed.

In December 1970 Staff responded to those recommendations which related to the Region. While some questions were answered directly, others (2 & 4) were deferred to the Triennium Application which would shortly be submitted to RMPS.

A report on program progress during the first two years of the program is on pages 16-21.

PROGRAM PROPOSED IN PRESENT APPLICATION

Goals and Objectives: These goals and objectives not radically different from those originally projected (see page 16), their order varies somewhat there is some inkling that the accessibility problems are important.

Overall Goal: To assure that the highest possible standard of medical care is equally available to all citizens of the Region for control of heart disease, cancer, stroke, renal and other major and related diseases deemed to be within the scope of the Regional Medical Program Act, as amended.

Sub-Goals: To provide the Region with leadership and guidance in developing and deploying its health resources to control heart disease, cancer, stroke, renal and other major and related diseases.

To act, by all appropriate means, as a major catalyst and enabler in the formation and perpetuation of more effective and efficient cooperative arrangements for the delivery of better health care to the citizens of the Region.

To explore the future directions of the health care system and to make positive contributions through demonstration and implementation to the evolutionary development of the system.

Objectives:

Develop ways and means of achieving understanding and cooperation among hospitals, educational institutions, voluntary and public health agencies, comprehensive health planning and other groups to improve medical care in the Region.

Promote the life-long continuing education of physicians and other health related professionals within the Region.

Encourage the development of adequate health manpower resources to meet needs of the Region.

Improve the quality and quantity of the delivery of health care at the community level throughout the Region.

Where appropriate, every action and activity of the Oklahoma Regional Medical Program will include public education and will be directed toward promoting a greater understanding by the citizens of the Region and of the need for , and means of obtaining, high quality health maintenance and care.

Regional Advisory Group:

The RAG consists of 53 members. While there is considerable dual representation by many members, representation can be categorized basically as follows:

1. Practicing Physicians - 12
2. Medical Center Representation - 3
3. Hospital Administrators - 3
4. Health Related Professions - 8
5. Voluntary Health Agencies - 3
6. Medical Professional Society - 9
7. Educational Institution - 2
8. Labor - 2
9. Consumer - 4
   2-Indian
   1-Black
   1-White
10. State Government - 2
    1-Planning Agency
11. Health Insurance - 1
12. Industry - 2
13. V.A. Hospital - 2

Committees:

In addition to the Steering Committee there are 12 working committees which are expected to provide the ORMP RAG with essential guidance and professional expertise in the following specific areas of responsibility.

1. Heart Disease
2. Cancer
3. Renal Disease
4. Pulmonary Disease
5. Stroke
6. Related Diseases
7. Manpower and Education
8. Hospital Services
9. Out-of-Hospital Medical Services
10. Continuing Education
11. Multiphasic Screening and Automated Data
12. Nutrition

Review and Evaluation:

A flow chart of review and evaluation is presented on page 22.

Subregionalization:

Formation of Sub-Regional or Area Planning Groups has been urged by core staff from the earliest planning stages of ORMP, however, being able to offer little incentive or assurance of support to local action groups for planning and development activities, only three such groups have been organized; Ada, Tulsa, and Enid. Two other areas have indicated an interest in forming such groups: Lawton and McAlester and core staff is currently assisting in the effort.

Developmental Component:

Requested
First Year
$70,000

The Region sees the developmental component as serving basically two major functions: (1) promoting collaborative and cooperative endeavors among components of the health care system through financing of pilot/feasibility studies and (2) establishing a more adequate data and information base for action planning through up-dating that which is already available and obtaining new and different types of data and information.

A specific protocol is outlined identifying the roles of core, steering committee and RAG in the promotion, development, and review of requests for developmental support.

Second Year: $70,000 Third Year: $70,000

Requested
Third Year
$645,769

Core: Core is currently funded at $360,000, for a 13 month period, which supports an equivalent of 26 full-time positions: 16 professional and 10 secretarial. Request is being made to increase Core staff to an equivalent of 43 full-time positions; 27 professional and 16 secretarial. (See page 14 for outline of current and proposed positions).

Fourth Year: $664,277 Fifth Year: $690,539

Project Requests by Disease Categories:

Included in these summaries is the priority given each by the RAG.

Heart & Stroke

Project #2R-Coronary Care Program for Oklahoma - Oklahoma Medical Center

Requested Third Year
$247,459

(Priority 1) This project which is in its 02 and final year of operation was initially funded at approximately ½ the original request for 2 years, as a feasibility study. A summary of progress is on page 16.

Objectives: Request is being made for which one year of renewed support for this project is designed to create acute coronary care units in hospitals financially unable to develop complete coronary care units. During this year effort will be made to expand coronary monitoring into the northwest portion of the state and into Public Health Service Indian Hospitals. Sixteen new remote coronary beds are proposed bringing the total by completion of the project to 56 to 59 beds. Plans include continuing education programs for physicians, nurses and para-medical personnel. The training of Job Core students as Coronary Care Technicians will continue. Equipment category represents $77,318 of the total budget request

Project #16-Ada Area Continuing Care Program (Stroke)-Valley View Hospital
(Priority 8)

Requested First Year
$77,050

Objectives: To develop a team which will provide rehabilitation services to hospitals and nursing homes throughout the area. Provide a series of stroke workshops and seminars for physicians, nurses, and other allied health personnel in the area. A survey will be initiated to determine more precisely the extent of the stroke problem in the area.

Second Year: $70,873 Third Year: $73,746

Cancer

Project #5-Tulsa Area Cancer Control Program

Requested Third Year
$58,200

(Priority 12) This project is currently in its second year of operation, third year committed support is being requested. A summary of progress is on page 17.

Objectives: The most important intent is the continuation of a Cancer Control Clinic in the Tulsa Model Cities Target Area. This clinic screens adults (most negro) over 40 for the 5 most common malignancies and includes instruction of patients being examined. The project will also provide for the continuance of the computerized registry and the surgical residency training program which provides a mechanism for direct contact with young surgeons planning will be continued with the Hillcrest Medical Center in reference to the rehabilitation center currently under construction.

Project	Requested Third Year
Project #8-A Regional Program to Promote Early Diagnosis of Breast Cancer with Special Emphasis on Mammography- Oklahoma Medical Center	$114,460

(Priority 13) This project is currently in its second year of operation, third year committed support is being requested. A summary of progress is on page 17.

Objectives: Development of multiple clinics in remaining quadrants of the state. Continue the training program for resident radiologists at the Medical Center Breast Clinic Continue the affiliation programs for both registered and student radiologic technologists. Initiate an all out publicity and community awareness program.

Project	Requested Third Year
Project #10- Regional Urology Project with Initial Emphasis on Cancer of the Prostate - Oklahoma Medical Center	$105,421

(Priority 4) This project is currently in its second year of operation, third year committed support is being requested. A summary of progress is on page 18.

Objectives: This project is entering its third phase which is to initiate continuing education programs based on data collected in an indepth study of six sample groups of the total project representing different settings of urologic care. The addition of further study will provide correlated information which will be more reliable and specific for continuing education purposes. Public attention to preventive measures will be strengthened by appropriate use of collected data through the areawide Comprehensive Health Planning Program.

Project	Requested First Year
Project #17 - Stomal Therapy and Catheter Care - Oklahoma Medical Center	$63,748

(Priority 7)

Objectives: To establish a model Stomal Therapy and Catheter Care Clinic at the Oklahoma Medical Center which will serve as a training base for Nurse-therapists from throughout the Region,

who will return to their areas, identify local needs and resources, and with assistance of the project director develop local clinics for education, training and service overall objective is to provide optimal care patients with a stoma or indwelling catheter by teaching self-care and continuity of care through coordinated community resources.

Second Year: $88,476   Third Year: $91,109

Related Diseases

Requested First Year

Project #3R - A Regional Emphysema Program - Oklahoma Medical Center $118,247

(Priority 9) This is a renewal request of a project which was approved and funded for 2 years and is currently in its final year of operation. A summary of progress is on page 19.

Objectives: Maximum effort will be made by the four teaching and center which were established during the first year to provide more training and intensive education programs for the health professionals. Programs will be conducted for physicians, nurses, inhalation therapists, and other professionals in the units and in pulmonary function laboratories. Practicing physicians and nurses will work and train in the established units for a week or more at a time.

Second Year: $118,629

Project #13- Regional Pediatric Program with Initial Emphasis on Indian Children - Oklahoma Medical Center

Requested First Year $242,773

(Priority #10) This project was previously reviewed by Committee and Council and support was not recommended. Its relationship to the ongoing program was not clear, it was training physicians with only two-year commitments and training would involve sophisticated equipment which would not be available to the physician in actual practice.

Objectives: Emphasis will be on Indian population. Visits will be made by specialists in pediatrics nursing and nutrition to Indian Health Service Units for consultation with and teaching of IHS medical officers, nursing and dietetics staffs of the Service Unit Hospitals and health centers, and the Community Health Representatives who serve Indians in their communities and homes. The training program for IHS medical officers will be coordinated with the activities of the local pediatricians who provide consultation to Indian hospitals under contract with IHS. Delivery of health care and nutritional education to the Indian population will be provided through expansion of the Community Health Representative Program of IHS and development of a training program for CHR's. Sixteen new CHR's will be supported by the project. Education in nutrition will be directed to all members of the health team, particularly CHRs Neonatal Care Centers and Pediatric Oncology Centers will be

established in outlying community hospitals. Urologic and cardiac screening will be expanded.

Second Year: $379,944 Third year: $343,065

Project #18 - Nutrition and Diabetes - Oklahoma Medical Center

Requested First Year $82,680

(Priority 14) This project is an expansion of a project by the same title which has been funded during the first two operational years. A summary of Project #9 is on page 19.

Objectives: Training and recruitment of non-professional dietary manpower for smaller institutions. Advanced training for food service supervisors. Provide dietetic consultation to smaller hospitals to include development and distribution of resource and continuing education material. Demonstrate out-patient diet counseling services.

Second Year: $86,799 Third Year: $71,094

Education - General

Project #4R - Continuing Education Program for Enid Area - St. Mary's Hospital

Requested First Year $42,104

(Priority 2) Renewal of this project has been previously approved by Committee and Council but has not been funded. A summary of project to date is on page 20.

Objectives: Develop ways and means of achieving cooperation in continuing education endeavors among hospitals, educational institutions, and other groups. Promote life-long continuing education of physicians and other health-related professionals through: 1) improved regional communication in personal contact, T.V., radio, print, etc., 2) continuing education programs, 3) extension of educational resources; Oklahoma Medical Center teaching hospitals and institutions, 4) development of self-education programs.

Project #6 - Library and Information Services - Oklahoma Medical Center

Requested First year $52,674

(Priority 11) This ongoing project is requesting 03 year committed support. A summary of project is on page 20.

Objectives: Improve information services to physicians and other health professionals in the Region by being immediately responsive to requests for medical information. Aid physicians and other health professionals in the rural areas. Increase the scope of information services and the speed of their delivery. Provide continuing education of untrained hospital librarians and consult

with hospital administrators in an effort to upgrade hospital libraries.

Project #14 -Continuing Education Center for Bartlesville Area- Jane Phillips Episcopal Memorial Medical Center.
(Priority 6)

Requested First Year
$60,051

Objectives: Establish a mechanism for providing continuing education for health professionals in a basically rural area of Northeast Oklahoma. Modalities employed would consist of teleconferences, seminars, workshops, video-tape programs and a regional TV network. Promote communication and cooperation among various individuals, institutions and agencies which will lead to joint efforts to meet mutual problems of continuing education. Increase communication between the Oklahoma Medical Center and local health-related professional and institutions. Improve public and patient education.

Second Year: $40,711 Third Year; $43,341

Project #15 - Ada Area Continuing Education Center - Valley View Hospital
(Priority #5)

Requested First Year
$39,929

Objectives: Establish a mechanism for providing continuing education for health professionals in a basically rural area of Southcentral and Southeastern Oklahoma Modalities would include: a telephone network with visual aid support, indepth workshops and seminars, a health science library, a tie-in to closed circuit television system for higher education in Ardmore. Promote communication and cooperation among various individual institutions and agencies which will lead to joint efforts to meet mutual problems of continuing education. Increase communication between the Oklahoma Medical Center and local health-related professionals and institutions. Improve public and patient education.

Second Year: $39,028 Third Year: $39,865

ORIGINAL OBJECTIVES OF PROGRAM AT TIME OF OPERATIONAL APPLICATION

a. Provide leadership and guidance in developing and deploying the Region's health resources to control heart disease, cancer, stroke and realted diseases.

b. To assist the grantee insititution, the University of Oklahoma Medical Center, in effectively discharging its responsibilities to:

(1) Develop and promote cooperation between the many components of the health care delivery system to improve medical care throughout the Region.

(2) Promote the life-long continuing education of physicians and health-related professions.

(3) Increase the standards, efficiency and effectiveness of medical care at the community level and make more widely available the potentialities of medical science.

(4) Utilize all the resources at its command in collaboration with the physicians, community hospitals and voluntary health agencies of the State.

(5) Provide the intellectual environment and incentives for attainment of the above objectives.

c. To act as a major catalyst in the formation and perpetuation of a more effective and efficient cooperative system for the delivery of better health care to the citizens of Oklahoma.

Projects

Projects supported during the first two years of operation are summarized by category as follows:

Heart
Project #2 - Coronary Care Program for Oklahoma - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$190,000 02-$199,600

Objectives: Create acute coronary care beds in hospitals financially unable to develop complete coronary care units. The program calls for the development of 14 "central monitoring units" (CMUs) in larger urban hospitals. The CNIUS will monitor electrocardiographic tracings relayed continuously be telephone lines from

patients in 31 smaller hospitals "remote stations". Training programs are included for physicians, nurses, and allied health personnel.

Achievements: (The project was funded only as a feasibility study at approximately ½ the original request) By the end of 1970, 17 remote coronary care beds located in 12 small community hospitals were being monitored by trained personnel in 6 central monitoring hospitals. By November 5, 1970, a total of 303 patients had been remotely monitored. Preliminary statistical results indicate reduced mortality rates can be expected. By the end of the current operational year 40 to 43 remote beds will be operational.

Future Plans: One year renewed support is being requested in this application.

Cancer
Project #5 - A Cancer Control Program for the Tulsa Area

Funded Period: 5/69-5/71
01-$70,000 02-$50,000 (approved for 03 year)

Objectives: The project proposed a series of activities including screening of the disadvantaged population in Tulsa coordinated city-wide tumor registry system, coordinated continuing education among the three hospitals, and rehabilitation.

Achievements: The project has served as a catalytic agent to involve numerous agencies in the problem of cancer. The computerized tumor registry has succeeded in providing feedback on patients to their physicians. Specific patient screening procedures have been established to the point where with the additional $50,000 from Model Cities, 10% of the North Tulsa Target Area, population over 40 will be screened for cancer in the coming year. Areas of agreement have been achieved among Tulsa hospitals on acceptance of indigent patients generated by the North Tulsa Clinic.

Future Plans: Committed support for the 03 year is being requested in this application.

Project #8 - A Regional Program To Promote Early Diagnosis of Breast Cancer with Special Emphasis on Mammography - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$100,000 02-$100,000 (approved for 03 year)

Objectives: To establish a Regional Mammography Unit at the Medical Center which would serve as a focal point for perfecting techniques and training personnel to develop other units within the Region. Evaluation of the capacity of specially toward nurses

to perform physicial examinations of the breast and mammography screening was planned. A training program for radiological residents in mammography was to be instituted the 3rd year. Mass mammography screening was to be initiated utilizing a mobile unit.

Achievements: A mammography unit has been established at the Medical Center and by the end of the 02 year, nine outside areas will be doing mammography on a varying scale. Radiologic residents are being trained with regular rotation through the mammography unit. A program has been instituted for training radiologic technicians. All woment who are over 35 years of age are routinely scheduled for mammography. Training of state physicians is conducted through the medical journals, films, exhibits and posters.

Future Plans: Committed support for the 03 year is being requested in this application.

Project #10 - Regional Urology Program with Initial Emphasis on Cancer of the Prostate - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$75,000 02-$79,400 (approved for the 03 year)

Objectives: Create a consortium of 13 urologists, each of whom would coordinate project activities within his own subregion and to appraise local facilities, resources, manpower and medical practices as they relate to the diagnosis and treatment of cancer of the prostate. Analysis of hospital records and tumor registries with follow-up on all cases was planned to identify the local needs for continuing education.

Achievements: With the support of the Oklahoma State Urological Association a summar pre-test with eleven medical students was completed using protocol forms designed for computer analysis. The material representing over 900 clinical cases plus mortality data indicated the feasibility and value of such a regional project. The permanent field staff of registered nurses who were trained in abstracting information from records, made contact with each of their subregional hospitals. A total of 2,264 cases of cancer of the prostate were identified in 220 hospitals. Evaluation is being made of six representative groups of different urologic care settings in the Region. The number will represent approximately a 15% sampling of the total 2,262 cases.

Future Plans: Committed support is being requested in this application for the 03 year of operation.

Related Diseases

Project #3 - A Regional Emphysema Program - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$150,145 02-$142,145

Objectives: A Regional Emphysema Unit would be established at the Medical Center and would serve teaching and demonstration purposes. It would be available as a consultative and educational resource to community hospitals. Improved patient care would be achieved by recruiting and training personnel, developing continuing education programs, establishing collaborative relationships, improving and expanding screening activities.

Achievements: Three new pulmonary disease specialists have been recruited into the state to fill key hospital teaching positions in affiliated hospitals. Three model intensive respiratory care units have been established (Oklahoma City, Tulsa, and Stillwater) and serve as intensive training units. A screening program employing spirometry is being employed at the Medical Center. Education and Training is carried out through model units, clinics, workships and seminars, over 1,700 health professionals have participated.

Future Plans: Renewed support is being requested in this application for a 3rd year of operation.

Project #9 - A Regional Program in Nutrition and Diabetes - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$29,000 02-$29,000

Objectives: To improve the care of diabetic patients by improving the quality and quantity of services at the community level and to improve the quality and quantity of nutrition services in hospitals and nursing homes, emphasizing patients having categorical diseases. The goals would be achieved through a series of continuing education courses for physicians, nurses and dieticians.

Achievements: Seventy-seven people were recruited and trained as food service supervisors and will serve in smaller hospitals of sparsely populated areas. An extensive program of continuing education was carried out for professional dietitians and supporting health-related personnel. Thirty workshops were conducted at 9 different locations, involving 2,000 health workers in 15,000 education hours.

Future Plans: Terminating - A plan has been developed to exploit the progress to date with a new 3-year program, a majority of which would be financed by cooperating groups other than ORMP.

Education -General

Project #4 - Continuing Education for the Enid Area - St. Mary's Hospital

Funded Period: 5/69-5/71
01-$35,000 02-$41,000 (approved as a renewal for an 03 year but unfunded)

Objectives: A prototype "medical education center" would be established. The surrounding counties with eight participating hospitals would be included. Continuing education modalities would include video-tape, and 10-tape, library resources, self-instructional material films, conference-type telephone communications, and short courses. The project seeks to demonstrate the feasibility of such a subregional "center" and hopes to develop a network of similar centers.

Achievements: During a fourteen-month period, 55 physicians' tele-conferences have been conducted. Out of 150 physicians in the area, an average of 46 participated in each conference. A total of 10 day-long physicians' seminars were held with an average of 22 participants. Dial access tapes have held for nurses, 10 for laboratory technologists and 3 for dietitians. Sixteen seminars were held for nurses.

Future Plans: This project has previously been approved as a renewal (4R) and support is being requested in this application.

Project #6 - Library and Information Services - Oklahoma Medical Center

Funded Period: 5/69-5/71
01-$49,000 02-$49,000 (approved for 03 year support)

Objectives: Through the Medical Center Library, this project seeks to improve library information services by increasing the speed of delivery, and improving the relevance of the information retrieved. The program will be expanded to three model programs involving five hospitals in Oklahoma City, Tulsa and Enid. The program would promote knowledge of the improved library facilities among the medical community.

Achievements: Items of information being sent out have increased from 500 per month in January 1970 to 900 per month in November 1970. Health professionals using the service tend to come back. Workships are conducted to train part-time individuals in change of hospital libraries throughout the state, 96 have attended to date. Cooperative relationships with other hospitals have been strengthened.

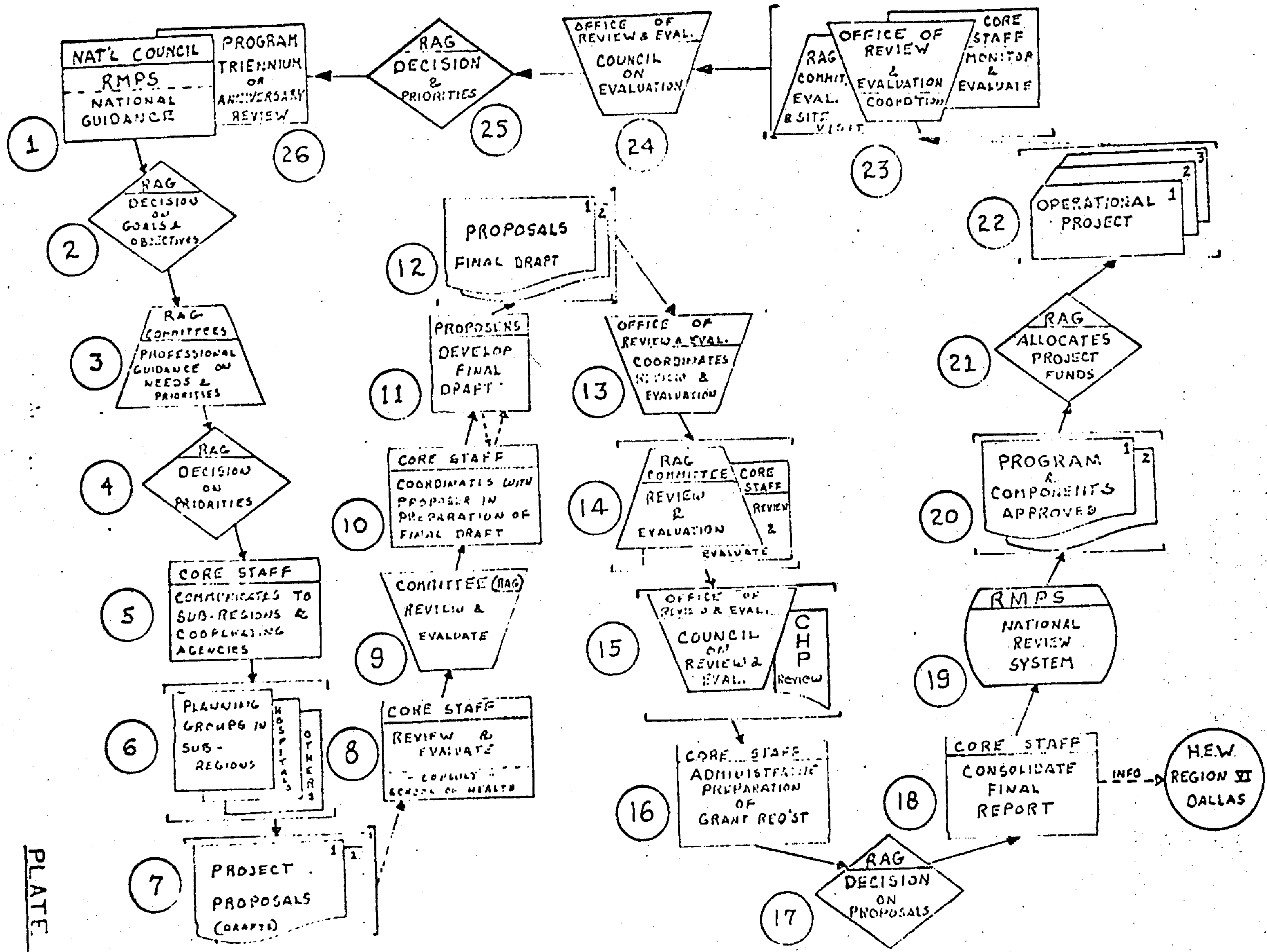
Future Plans: Request is being made in this application for 03 year committed support.

Project #7 - Regional Program of Public Education on Smoking and Health

Funded Period: 5/69-5/71 (Under Core)
01-$12,00 02-$24,500

Objectives: This project would merge the efforts of ORMP and the Interagency Council on Smoking and Health. ORMP would support a coordinator and the Council would support necessary staff.

Achievements: Anti-smoking messages have been publicized through printed material, radio, television, speakers bureaus, exhibits, etc.



ORMP
REVIEW & EVALUATION FLOW

Summary of operational projects currently being supported by Oklahoma/RMP

Project Title and #		Funded 2nd Year d.c. (5/1/70-4/30/71)
#1 - CORE		$ 360,000
#2 - A Coronary Care Program for Oklahoma		199,600
#3 - A Regional Emphysema Program for Oklahoma		142,145
#4 - Continuing Education Program for the Enid Area		41,000
#5 - A Cancer Control Program for the Tulsa Area		50,000
#6 - A Regional Program to Improve Library and Information Services		49,000
#7 - A Regional Program of Public Education on Smoking and Health (Core activity)		24,500
#8 - A Regional Program to Promote Early Diagnosis of Breast Cancer with Special Emphasis on Mammography		100,000
#9 - A Regional Program in Nutrition		29,000
#10 - Regional Urology Program with Initial Emphasis on Cancer of the Prostate		79,400
1-month extension (5/1/70-5/31/70)	Projects	57,512
	Core	30,000
	TOTAL	$1,162,157

All of the operational projects submitted by the Region were approved and are currently funded.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 30, 1971

Reply to Attn of:

Subject: Staff Review of Non-Competing Continuation Application from Oklahoma Regional Medical Program, 5 G03 - RM 00023.

To: Director
Regional Medical Programs Service

THROUGH: Chairman of the Month

Chief, Grants Review Branch

Chief, Grants Management Branch

Acting Chief, Regional Development Branch

RECOMMENDATIONS:

1. The Region not be considered for three-year support at this time but that RMPS offer extensive assistance to the Region in preparation for resubmission next year.

2. The Region be awarded the new funding level of $738,500 for its third year of operation, to continue Core and Projects #5,#6,#8,#10.

3. That the Region be encouraged to rebudget into core as seen fit, to advance its program planning to correspond more with new philosophies, and to identify needs, objectives and projects more specifically and in terms of a total program.

4. In line with the first recommendation, a site visit team, including a Committee and/or a Council member, or other persons of equal clout, visit the Region as soon as possible, preferably before the end of July, in order to provide much needed guidance in the areas of; the new and broadened philosophy of RMP, assessment of needs, establishment of objectives, and program evaluation.

Staff sees this as a critical need for the Region in preparation for resubmission of a Triennium Application next year.

REQUEST: Oklahoma Regional Medical Program which is in this 02 operational year (5/1/70-5/31/71) has submitted a Triennium Application consisting of:

I - A Developmental Component
II - The Continuation of Core and Four Projects
III - The Activation of One Council-Approved but Unfunded Activity
IV - The Renewal of Two Activities
V - The Implementation of Six New Activities
VI - The Termination of Two Activities

The consolidated budget requests for each of the three years are as follows (direct costs):

	3rd Year	4th Year	5th Year	TOTAL
Core	$645,769	$664,277	$690,539	$2,000,585
Projects	$1,304,796	824,440	662,220	2,791,456
Developmental	70,000	70,000	70,000	210,000
TOTAL	$2,020,565	$1,558,717	$1,422,759	$5,002,041

Oklahoma RMP, when annualized, is currently being supported in its 02 year at $360,000 (d.c.) for Core, $24,500 (d.c.) for smoking and health activities under Core and $690,145 (d.c.) for eight projects, totaling $1,050,145 (d.c.). It has a commitment of $839,205 for Core ($360,000) and Projects #5,#6,#8,#10 ($479,205).

REVIEW: The Region has chosen to request triennium support now, at the conclusion of their 02 year, rather than wait an additional year and request triennium support at the end of their 03 year. Since the region is not scheduled for a site visit, it will be necessary for Committee and Council to make a general assessment of the program based entirely on the application.

Staff agreed the function of their review should be to make observations and recommendations to be referred to Committee and Council.

OBSERVATIONS: The overall program goals and objectives remains basically the same as those established for the first three years of operation. They are largely oriented toward education and training activities, and are vague, non-specific and immeasurable. They do not appear to be based on specifically assessed needs nor do they relate to identifiable time-frames. They are so broad and general, so as to be applicable to any type of educational project.

The functions of the Steering Committee, are unclear especially its relationships to the RAG in policy-making and development of goals. It is difficult to see the need for 13 different categorical committees in a Region having the limited activities of Oklahoma and there is some question as to the degree of their involvement. While it appears some of these committees have promoted the development of particular projects, there is no evidence that those projects relate to an overall pre-established specific design or set of objectives. Rather, the projects appear to be generated on a random basis. One exception is the continuing education program designed to develop continuing education centers in more rural communities.

The review process appears functional in that criteria are established for technical review by both categorical committees, and the RAG. While the RAG also reviews projects as to their relationship to the overall objectives this process appears superficial, in that, the objectives encompass such a broad spectrum practically any education type project will qualify. There appears to be established procedures for Staff monitoring of ongoing projects and in addendum material there is evidence of relative effectiveness.

Core as organized is highly oriented toward educational activities and categorical diseases as is the overall program, a fact which staff believes reflects on the progressiveness of this Region. It appears the Region

is not taking into consideration new trends within RMPS and has not broadened the scope of its program, nor its core staff, along the lines of the new philosophies. Staff expressed concern based on this observation that while the organization of Core as proposed might have been appropriate for the program a year ago, it may not be desirable for the future and that having once adopted the proposed organization pattern it would be inflexible or awkward to change. It was noted that since this Region's last visit in November 1968, Core has been reorganized twice.

The problem of acquiring an M.D. as Associate Coordinator no longer exists, in that the position has been eliminated. Staff, recalling the recommendation of the staff members who visited the Region in July, 1970 and felt this position to be of extreme importance and needed to be filled as soon as possible, expressed concern over this new development. In the past the responsibilities of this position have to a large degree fallen to the Assistant Director, a non-physician, who subsequently became overburdened with work. Under the new organizational plan it appears this situation will be perpetuated. In addition, Staff questioned whether the Assistant Director should in fact be the Chairman of the Council on Planning, Review and Evaluation.

With the development of only three subregional planning groups, Staff believed the RAG members should be encouraged to take the lead in developing similar groups in their respective communities.

In view of the above observations and the fact the Region is not to be site visited, Staff concluded ORMP should not be considered for Triennium Review at this time but rather that RMPS offer extensive assistance to the Region in preparation for another attempt next year.

William S. Reist
Public Health Advisor
Grants Review Branch
Regional Medical Programs Service

Action Approval if consistent c̄ A/ItsmHA's grants letter
Date 4/5/71
Signature [illegible]

Participants in the Oklahoma Type V were as follows:

Leah Resnick-Regional Development Branch
Margaret Hulburt - Allied Health Section
Joan Ensor - Program Planning And Evaluation
Frank Zizlavsky - Regional Development Branch
Rod Mercker - Grants Management Branch
Judy Silsbee - Grants Review Branch
Bill Reist - Grants Review Branch

GRB/RMPS

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

OKLAHOMA REGIONAL MEDICAL PROGRAM
RM 00023-03 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATIONS:

Year	Request (Direct Costs)	Recommendation (Direct Costs)
03	$2,020,565	$913,500
04	1,558,717	-0-
05	1,422,759	-0-
TOTAL	$5,002,041	$913,500

1. Approval of committed support ($738,500 direct costs) for Continuation of Core and projects #5, 6, 8, 10, for the 03 year. 1/

2. Approval of Project #2R, at a reduced level of $175,000 (direct costs).

3. Approval of renewal project #3R and six new projects, #13-18, without additional funds.

4. Non-approval of the Developmental Component.

5. A site visit be made to the Region in order to determine its current status, to study effects on patient care of ongoing activities particularly its cancer and respiratory disease areas, and to provide guidance to the Region for resubmission of a triennium application.

1/ Committee concurred with Staff's recommendation, from its preliminary review, that the Region be approved for committed support.

CRITIQUE: While the application as submitted by ORMP is well presented on paper, Committee, in the absence of a site visit, had anxieties about what is really happening in the Region, paricularly in view of the following observations.

The goals and objectives were considered vague, non-specific and immeasurable. They do not appear to be based on specifically assessed needs, nor do they relate to identifiable time frames. Together with the projects, the goals and objectives being proposed represent a program highly oriented toward education and training, activities which are not consistent with current RMP trends. There does not appear to be an effort to stimulate projects which relate specifically to objectives, rather projects appear to be spontaneously generated on a random basis and only coincidentally relate to stated objectives.

The functions of the Steering Committee are unclear, especially its relationships to the RAG in policy making and development of goals. The reviewers were not convinced the proposed organization of Core Staff would be appropriate for the future. Noting that RMPS Staff had concerns about the Coordinator, Associate Coordinator and the Assistant Coordinator positions, their responsibilities and work loads, Committee believed these concerns should be clarified prior to approval of a Triennium Application.

In the absence of more than three subregional planning groups, it was difficult for Committee to understand the involvement of the more rural communities.

While projects were not reviewed in detail, some concern was expressed over the cancer and respiratory disease aspects of the program. Disappointment was expressed over the progress of the Tulsa Cancer Program, while the Emphysema Program appears highly over budgeted. Although Project #2R - Coronary Care Program appears to have progressed at a satisfactory rate and warrents additional support, Committee did not feel RMPS should be providing support for large purchases of equipment. It, therefore, recommends additional support for this project be limited to $175,000. Also the apparent absence of financial contribution by the Indian Health Service to the Regional Pediatric Program (Project #13) was questioned.

The Region's relationship with the Medical School is unclear and some question was raised as to whether ORMP is being used.

Committee concluded that many of the areas around which concern was expressed are basic to the functions of a viable RMP. In view of this, Committee agreed with RMPS Staff that the Region has what appears to be some serious weaknesses, which need to be rectified prior to the re-submission of a Triennium Application next year. It was proposed a site visit be made to the Region in the near future to obtain a better understanding of the Region and provide needed guidance.

GRB/RMPS/4/23/71

REGIONAL MEDICAL PROGRAM SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

PUERTO RICO REGIONAL MEDICAL PROGRAM
Post Office Box M.R.
Caparra Heights Station
Puerto Rico 00922

RM 00065 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: Cristino Colon, M.D.

This region, currently in its first year of operation, is funded at a level of $958,163 direct costs. In addition the region has received $112,414 of indirect costs which represents an average indirect cost rate of 28.6 percent.

In this anniversary application the region has requested for its second year of operation $1,136,564 d.c. for support of the following activities:

I. The continuation of Core and seven ongoing projects ($958,163).

II. The implementation of two new projects ($82,953).

III. A Developmental Component ($95,448).

(Attached on the back of the summary is a chart identifying the components involved with the above items.)

Following are the key issues identified by staff in their review of the continuation application.

1. The need for better geographical representation, lower economic consumer and Model Cities program representation on the RAG.
2. The need for RAG to assume leadership and give direction to the PR-RMP.
3. The increase of Core from 29 to 44 positions.
4. The expansion of Task Forces to include allied health personnel.
5. The lack of interrelationship between the task forces, RAG, Planning Committee and Core.

(Attached on the back of the summary is a copy of the memorandum of staff's review of the continuation application.)

FUNDING HISTORY (Direct Costs Only)

Grant Year	Period		Funded
Planning Stage			
01	6/1/68 - 5/31/69		$194,839
02	6/1/69 - 5/31/70		194,097
02 S	6/1/69 - 5/31/70		94,281
Operational Stage			
01	3/1/70 - 2/28/71	Core	$320,081
		Projects	638,082
		Total	$958,163

GEOGRAPHY AND DEMOGRAPHY

Puerto Rico, the easternmost of the Greater Antilles, and fourth largest island in the Caribbean area, is bounded on the north by the Atlantic Ocean and on the south by the Caribbean Sea. The Capital city, San Juan, lies some 1,690 miles southeast of New York City and 1000 miles southeast of Miami. The island of 3,435 square miles, roughly 100 miles long by 35 miles wide, is characterized by a fertile coastal plain covering about 1/4 of the land area, and an east-west running range of mountains. Two of the three larger outlying islands are constituted as municipal governments. Rivers are numerous, though of no importance in navigation.

The northern coast, due to prevailing winds, has an abundant rainfall, the same as the central mountain range, with peaks above 1,000 meters. In contrast, the southern coast is rather arid, traditionally depending on irrigation of single crops. Sugar cane, coffee, tobacco, green and starch vegetables and fruits, mainly citrons and pineapple are the principal crops grown on 56% of the land that is tillable.

Population: 1970 estimate - 2,947.

Approximately 51% urban
Median age: 19.71 years. (U.S. average 29.5 yrs.)
Density: 760 per square mile

Land Area: 3,435 square miles

Health Statistics:

Mortality rate for heart disease - 147.9/100,000 (low)
Rate for cancer - 88.4/100,000 (low)
Rate for CNS vascular lesions - 56.4/100,000 (low)

Facilities Statistics:

University of Puerto Rico School of Medicine - 4 year school, enrollment of about 301.

University of Puerto Rico School of Public Health - accredited, enrollment approximately: 384.

10 schools of nursing, 7 are at hospitals, 3 at colleges or universities (2 of them are degree programs).

Two schools of medical technology (Department of Health, Institute of Health Laboratories and the University of Puerto Rico School of Medicine) one school of cytotechnology.

138 hospitals in Puerto Rico with 11,872 beds (49 private, 58 Puerto Rico Health Department, 31 municipal)

Personnel Statistics:

2,791 physicians (approximately 1/1000 population)
4,400 graduate nurses (approximate)

The economy has shifted from agriculture to a more diversified base. An idea of increasing diversity of manufacturing may be gathered from the fact that manufacture of sugar products represents 4.9 percent of manufacturing income compared to 35 percent in 1940.

Tourism is a steadily growing sector of the economy, with total related income cost reaching around $155 million.

The Puerto Rican people have benefitted greatly from the aforementioned expansion achieved since 1940. Life expectancy has increased from 46 years to 70 years and the crude death rate has declined from 18.2 per thousand to 6.5 per thousand, somewhat less than the U.S. average.

In Puerto Rico there are still two systems whereby the population utilizes health care services; the private and the public or govermental systems. It is estimated that 40% of the population utilize private medical and hospital services and 60% utilize the public services. Between30% and 40% of the population is covered by some type of health insurance. An unknown proportion of the population uses private services at times and public services at other times, depending basically on its economic conditions at the time and on the nature of the illness involved.

About 41.4% of the general hospital beds in the island are located in private hospitals. Of these, 17.2% are in private non-profit hospitals and 24.2% in private proprietary hospitals. Most private proprietary hospitals are owned and operated by physicians. The private hospitals for the most part are located in the main cities - San Juan, Ponce, Mayaguez and Humacao. Private hospitals serve, not only the population in the municipality where they are located, but also receive patients from neighboring municipalities.

The public medical and hospital services are administered by the Puerto Rico Department of Health, the municipal governments and

other state agencies, i.e.,(Workmen's Compensation). Basically, the municipalities have the main responsibility for the provision of health care to the needy. There are seventy-five municipalities ranging in size from 7,000 to 500,000. The Commonwealth Governments, however, complements the municipal care system. Through arrangements and agreements with local governments, public health services - preventive and curative - have been organized into a single system operated jointly by the Department of Health and Municipal Governments; the Department assuming full responsibility for technical and professional service in practically all municipalities, except San Juan.

In each municipality, there is a health center. It includes a hospital unit (usually one bed per 1,000 inhabitants), general out-patient facilities and the public welfare unit. In 45 of the 75 municipalities ad hoc buildings have been erected to house these health and social welfare facilities.

A regionalized program of medical care developed over the past ten years has resulted in the development of nearly 80 regional health centers and community hospitals, and the formation of five regional health districts, to be condensed to three major areas (northeast, south, and west).

HISTORY

In September, 1967, Dr. Nigaglioni, Chancellor of the Medical Science Campus, University of Puerto Rico convened a meeting of leading Health Professionals in Puerto Rico to determine appropriate steps for implementing PL 89-239 in Puerto Rico. This group was designated the "Planning Committee." A 20-member Regional Advisory Group was formed and a planning grant application was developed for submission.

On October 1967, the Regional Advisory Group (RAG) at its first meeting elected Dr. Adan Nigaglioni, Program Coordinator and approved the Medical Sciences Campus, University of Puerto Rico as the applicant institutions. The initial planning grant was submitted to RMPS on December 1967, requesting two years support for planning.

At the recommendation of the RMPS Review Committee a site visit was conducted to this region in April 1968, by Dr. David E. Rogers, Dr. Henry Lemon, Dr. John R. Hamilton, DRMP and Mrs. Jessie Salazar, DRMP. During this phase of development, there appeared to be a lack of supporting data from private medical areas, as well as evidence of involvement of some of the key public health personnel. Further, it was pointed out that the RAG could be strengthened by the addition of lay members. Council believed that there was no substitute for a full-time person who would be responsible for these RMP activities. This did not imply lack of confidence in the Chancellor, who was the Program Coordinator, but rather believed it imperative for the future program to have at least one person who would devote all of his professional time to it. On the basis of this recommendation, Dr. Cristino Colon was appointed full-time Associate Coordinator in August 1968.

In May 1968, the planning grant application was approved for two years with the recommendations: greater involvement of medical societies; and recruitment of a full-time Deputy Coordinator.

In June 1969, the region's continuation planning grant was approved. Staff noted that the region had progressed noticeably since Dr. Colon became Associate Coordinator of the program. In addition to committed funds, the region was given a one-year award with unexpended funds for two activities: special studies to assemble new data; and to organize and implement an office of Information and Public Relations. The region's plans were to merge these two functions into the Core activities when it went into operational status. In regard to the region's progress, staff believed the evaluative process to be weak. The categorical Task Forces were named and functional, and there appeared to be a trend toward decentralization with established Committees outside the San Juan Area.

In August 1969, the region submitted its first operational application requesting support for Core and 8 projects. A preoperational site visit was conducted in September 1969, by Dr. B.W. Everist, NAC, Dr. Henry Lemon, R.C., Dr. Henry Clark, Consultant, Mrs. Jessie Salazar, RMPS, GRB, and Mr. Frank Nash, RMPS, RDB.

Major developments in the health care field reported during this phase of the program involved Puerto Rico embarking on a new and ambitious program to integrate the private and public sectors of medicine. This was instigated with the passage by the legislature of PL 56, permitting payment for services of private patients in Health Department Hospitals, and for indigent patients in private hospitals. Out-patient cost reimbursement is also included. Under PL 81, approved May 1967, seven experiments in five different towns, with different alternatives for financing health care were initiated in an attempt to develop a unified group practice in community health centers.

In view of these developments the NAC recommended to the region that a Special Task Force be organized to work with the Commonwealth Health Department, the University Medical Center, the Puerto Rico Medical Association, and the voluntary health agencies to make an extended evaluation of progress in the methods of solving primary medical care problems under study.

The NAC believed that the RAG was still heavily oriented to the Medical School, although the region indicated that the size of the Group would be increased. The region was urged to expand its representation from the private medical sector, and explore the possibilities of representation from the new industries located on the island to participate in medical care planning to avoid dislocations between needs and services. The region reported that general by-laws have been adapted and administrative guidelines for Task Forces were under development.

In January 1970, the region received its initial operational award for support of core and six projects.

The region submitted in July 1970, an application requesting support of three new activities. The Review Committee recommended a site visit to the region which was conducted in May 1970, by Dr. Henry Lemon, RC, Dr. William S. Fields, Consultant, Mrs. Jessie F. Salazar, GRB, and Mr. Frank Nash, RDB.

The region was just beginning to move into full operational status, and was continuing to refine its organizational framework under the leadership of Dr. Cristino Colon, who appeared to be doing an effective job. Planning for RMP program outreach beyond the San Juan medical area had been achieved. The Council indicated that they were impressed by the development of major interest and enthusiasm of lay and medical leadership in Guaynabo, Ponce, and to a lesser extent, in Guayama. Dr. Nigaglioni, the official Coordinator, appeared to be more and more a background figure, but very valuable for his present planning for health aides and other allied health training in some of the Commonwealth's junior colleges, such as in Ponce.

Membership from the lay power structure for PR/RMP R.A.C. members and sub-committee members was still insufficient. The private medical sector in San Juan appeared inactive in planning or participation. Industrial medical facilities developing at the Phillips plant and the Chem-strand plant at Guayama appeared to be outside of RMP planning efforts. In Ponce, on the other hand, there was excellent lay liaison through the Oncologic Clinic, supported by the southern branch of P.R. Cancer Society, and through Dr. Rodriguez's cardiovascular and renal dialysis and transplant program which has wide and enthusiastic public support (750+ dialyses for 35-40 patients in the past two years). The excellent private medical sector support and participation in Ponce district projects is quite different from the Capital Area indifference and bodes well for effective RMP projects in this area.

The nursing profession is still being slighted as an ally in health planning, in traineeships, and in operational programs as instructors. The Council cited the desirability of broadening operational programs to effect a multidisciplinary approach particularly in training activities.

Council also believed that a ceiling already has been reached in the 50 - 100% participation of physicians for leadership and development of programs. Future site visitors must carefully evaluate whether salaried time on the job in RMP programs is really being effectively applied by named participants.

Council recommended new funding for all three of the activities proposed, however, because of present RMPS fiscal restrictions the region was granted a reduced award for support of Project #10 - Family Prevention Program on Stroke.

The region submitted to the November 1970 Advisory Council an application requesting new funds for support of two new activities. Additional funding was recommended by Council at a reduced level, but because of existing RMPS fiscal restraints no additional funds were awarded.

PRESENT APPLICATION

This is an anniversary application in which the PR/RMP has requested continuation support in 02 operational year for Core and seven ongoing projects, and new funding for a Developmental Component and two new projects.

CORE STAFF

The Core staff of the PR-RMP has been expanded from 29 to 44 positions with all but one employee at less than 100% time and effort.

The organization of the Core staff is shown on Figure 1 and reflects a basic line/staff differentiation. The staff functions are identified as Administration, Biostatistics, Planning and Public Relations. The line functions are Education, Research and Service. The Regional Office covers the three basic subregions of Mayaquez, Ponce and San Juan.

The Region indicates that with problems in recruitment it was necessary to adjust the structure in order to carry the program forward. Transfer of personnel from staff to line functions provided temporary relief in the areas of research and services. The region has accomplished this by adding eleven new positions to staff the subregions in Ponce and Mayaquez and hire personnel for the Planning, Research and Evaluation Section of the Central Core office. This was done within the present funding level for Core by utilizing funds available from vacant positions which the region has had difficulty in recruiting. For the next grant period the following Core sections will work in the following activities.

Biostatistics Section

(1) Implementation of the proposed Planning, Research and Evaluation.

(2) To implement at its maximum capacity the general system designed for the evaluation of the different operational projects.

(3) To continue updating the health personnel inventory in terms of the more than 50 occupational categories included in our files.

(4) To collaborate with the Research Section in the undertaking of studies channeled towards defining the scope, nature and location of health problems and needs (to continue studies of Puerto Rico as a medical care region).

(5) To maintain a close working relationship with, among others, the Comprehensive Health Planning Program and the School of Public Health of the Medical Sciences Campus towards the organization of greatly needed data bank, which could be used by any public or private health agency in the Island.

Health Services Section

(1) Terminate arrangements for the Neighborhood Health Center of Loiza as soon as possible.

(2) Visit the Kaiser - Permanente Group Practice and other similar groups in the U.S. with the purpose of collecting as much data as possible for the establishment of similar groups in P.R.

(3) Subsidize a project to be carried out by a competent legal firm on the legal aspects of group practice and doctors' corporation in P.R.
(4) Continue evaluation of operational projects.
(5) Continue their contribution to development of the Global Health Plan for P.R. by Comprehensive Health Planning.

Educational Activities Section

(1) The region's plans contemplate the development of a continuing education system which could eventually expand to cover the entire region. The proposed strategy is to create a series of semi-autonomous sub-regional systems in the different health regions which could develop educational activities tailored to their own needs. These sub-regional systems would be linked to the Core staff which would provide supporting services such as professional consultation and technological resources. The recently submitted proposal for training general practitioners in the Western Health Region should allow the PR-RMP to test the feasibility of the overall plan. Development and evaluation of this proposed project has been given high priority for the calendar year 1971.

(2) Development of new types of sub-professional health personnel is another area of concern for the Education Section. The "Stroke" project should provide valuable experience in this field. Its training program for family health workers was scheduled to begin in January 1971.

(3) In the area of public health education it is planned to continue encouraging citizen participation in their own health affairs.

The "Project for Education of Consumers in Health Care Planning" in the Caguas Sub-region will serve as a demonstration area for other groups created under the provisions of title 314-B P.L. 89-749. This project may also serve as a continuing education activity for health educators.

The project "Loiza Neighborhood Health Center" would be the first of its kind in Puerto Rico. It would provide a unique experience in community health including its educational aspects.

Public Relations Section

Several projects now in incipient stages will become major centers of activity in coming months. These will include, in addition to the development of a "speech bureau": the assumption of leadership in the creation of a Health Information Council made up of representatives of diverse sectors of the community; publication, in conjunction with the Education Section of PR-RMP and other health agencies, of a bi-monthly calendar of continuing education activities for distribution to all medical

and paramedical personnel on the island; as part of the establishment of a PR-RMP Library, the organization of an internal Information Center on Regional Medical Programs containing all available non-technical material relating to RMP locally and nationally, for the use of the Core staff, advisory groups and others.

Planning Section

The Planning Section of the Puerto Rico Regional Medical Program was brought into being on August 3, 1970, when Constantino Alvarez, M.H.Sc.Pl.,Ph.D., joined the Core staff. As the Program's Planner, Dr. Alvarez first familiarized himself with the organization and began an evaluation.

As objectives for its first few months of operation, the Planning Section identified as objectives the drafting of a Master Plan, and the involvement of Section heads and advisory groups in the planning process and in the formulation of the Master Plan itself.

Following his evaluation of the Puerto Rico Regional Medical Program, the Planner presented the First Evaluative Report on the Regional Medical Program from the Planning Viewpoint. Further, he held orientation sessions with the rest of the Core staff wherein he described the planning process and its importance, and outlined the model to be followed in the drawing up of the Master Plan. **(Brief description of Master Planning-Section VI of application)**

The predominant activity of the Section was the actual drafting of the Master Plan in coordination with section heads, consultants and task forces.

Additionally, the Planner has, on request, provided advice on various planning matters to the Coordinator and the section heads.

Chief among the activities of the Planning Section for the coming year is the implementation of the Master Plan. The Planner will also be required to assist the other section heads in the formulation of their own individual long and short term programs, and to help the task forces prepare their guidelines.

The two-year program of action for the Planning Section includes a review of indications used in the preparation of the Master Plan and the formulation of new indicators. During the third and fourth years, a revised Master Plan will be developed.

Research Section

This section became operational on September 1, 1970, with the appointment of Brian F. Mullan, a Health Services Researcher and Institutional Planner. Mr. Mullan, a Ph.D. candidate and full-time employee, holds a joint appointment in the Medical Sciences

Campus of the University of Puerto Rico which is the parent organization of the PR-RMP. In addition to his research role he has also served in the capacity of organizational analyst and institutional planner. The primary concern of the Section during the period September 70-December 70 was the preparation of the "Outline of Proposed Research" and the "Organizational Analysis" in addition to participation in development of the Program Master Plan.

Beyond the activities mentioned the head of the section participated in the National Conference and Workshop on Evaluation in September 1970. He also visited other research groups in the U.S. and Puerto Rico for possible collaboration and exchange of data.

The research proposed in the "Outline" reflects an innovative approach utilizing the entire community as the point of departure. From the socio-cultural setting a health disease profile including characteristics of supplier and consumers is prepared. To this profile existing technologies (available or desired combinations of personnel, facilities, programs, etc.) are applied and the resulting quality distribution and continuity of care are analyzed. Important elements in the evaluation of the system are its capacity to serve the health/disease profile and the effectiveness with which it consumes its resources in reaching specified goals. Obvious implications for policy and priorities are included.

Some of the basic recommendations in the Proposed Research were:

1 - A community oriented, systems based, and interdisciplinary, approach to the study of the health referral system towards national and international comparison.
2 - Design of an information system organized around basic files in facilities, personnel; services organization, technology and socio-cultural elements.
3 - Necessity for determining relative capacities of sub-systems (Personnel, Facilities, etc.) and the balanced design of these.
4 - Need to generate profiles of standard units of analysis (Health Center, District Hospital, etc.) for comparison within the public referral system and to contrast public and private performance.
5 - Studies on manpower utilization and system organization were given high priority.
6 - Increased sophistication in data analysis and examination of the reliability of data collection procedures.

During the coming year emphasis will be placed on studying the organization of the delivery system and designing the basic information system. Beyond that period the areas of manpower utilization, profiles of standard units will be investigated.

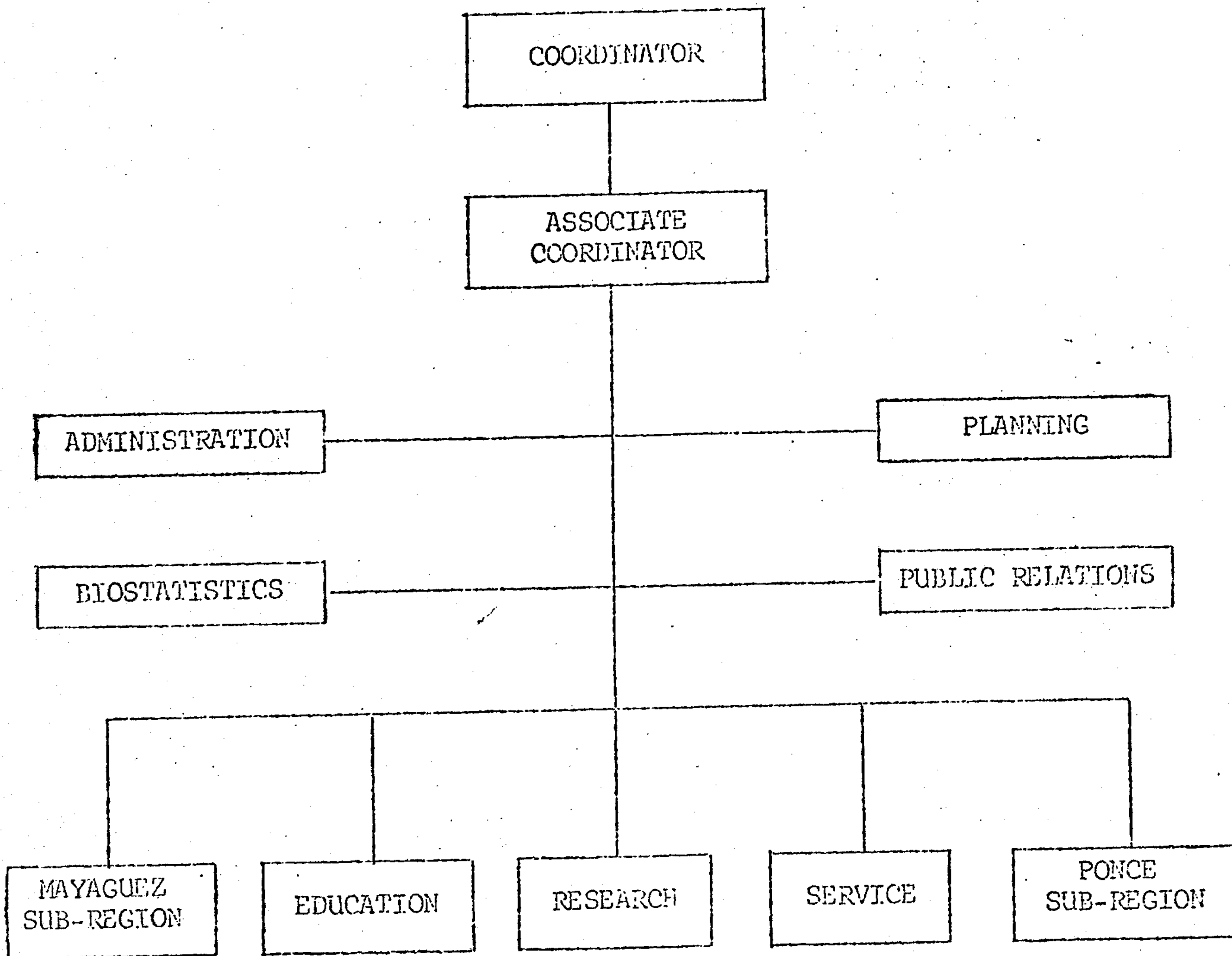
MAYAQUEZ SUBREGION

1. If the proposal for the Creation of an Inter-Agency Center for Information on Early Detection and Treatment of Cancer in the Western Region already approved, is instituted, the subregion will supervise its implementation and aid in its evaluation.
2. If the proposal for the creation of a Continuing Education Program for General Practitioners in the Western Region is approved and funded, the subregion will work in the planning, implementation, development and evaluation of the Program.
3. The subregion will continue promoting the Regional Medical Program in the Western Region and coordinating activities with all the institutions and agencies in the Region, mostly those dealing with the delivery of health services.

PUERTO RICO REGIONAL MEDICAL PROGRAM

CORE STAFF - SAN JUAN REGIONAL OFFICE

LINE / STAFF ORGANIZATION



CORE STAFF

Name	Job Title or Function	% Hours Time and Effort
Cristino Colón, M.D.	Coordinator	100
Vacant	Assoc. Coordinator	100
Luis Miranda, M.D.	Assist. Coord. Education	100
Vacant	Assist. Coord. Research	50
Patrick Crenshaw, M.D.	Assist. Coord. Health Services	100
Orlando Nieves	Administrator	100
Carmen Allende De Rivera	Biostatistician	100
Vacant	Hospital Administrar	100
Carmen Lydia Rodriguez	Health Educator	100
Betsy Napoleoni	Tech. Assistant	100
Minerva Virella	Clerk Steno.	100
Olga La Luz	Clerk Steno.	100
Betty M. de Diaz	Clerk Steno.	100
Vacant	Clerk Steno.	100
Vacant	Clerk Steno.	100
Ada M. Pabón	Clerk Typist	100
Eunice Delucca	Clerk Typist	100
Dolores del Valle	Clerk Typist	100
Joe Nazario	Messenger	100
Vacant	Social Scientist	100
Maria L. Vigo	Statistician	100
Carmen Segui	Statistical Clerk	100
ilberto Cardona, M.D.	Associate Coord. (May)	100
armen L. Valentin	Clerk Steno. (May)	100
R. Norris Blake	Pub. Relations Director	100
Juan E. Perez	Pub. Rel. Technician	100
David Goitia	Illustrator	100
Luis Vallafañe	Audiovisual	100
Carlos Diaz Mendez	Driver	100
Vacant	Nursing Coordinator	100
Vacant	Social Worker	100
Herman Steidel	Medical Librarian	100
Mildred Ramirez	Statistical Clerk	100
Jose N. Correa	Associate Coordinator (Ponce)	100
Rosario Flores	Clerk Steno (Ponce)	100
Jose Aveillez	Assist. Coord. (May.)	100
Hector L. Rivera	Coder	100
Zoe R. de Cantellops	Assist. Coord.	100
Luz D. Rivera	Coder	100
Ines M. Oliver	Research Assistant	100
Constantino Alvarez	Planner	100
Nilda Figueroa	Research	100
Alba E. Santiago	Clerk Steno.	100
Brian Mullan, Ph.D.	Organization Specialist	100

THE REGIONAL ADVISORY GROUP

The Regional Advisory Group reports that the PR-RMP has had a considerable impact: through its operational projects, pilot projects; studies into the utilization of resources at the level of health centers; studies of continuing education; and through the creation of cooperative arrangements. They indicate that the region has made considerable progress in the development of a Master Plan for the region, which sets the direction and course for the next four years.

The region identifies in this report the health problems of the region in the RMP areas of concern. They explain the criteria utilized in the establishment of priorities and the problems of greatest urgency.

The size of the Regional Advisory Group has been increased to 25 members to include more consumer representation. It has also developed Regional Advisory Group By-Laws which are included in the April 1971 review cycle application. Nominations for membership to the RAG are made through the Program Coordinator and are subject to approval of the Core staff and the RAG. The tenure of office shall be 2 years with a right of succession for one term. Meetings are held quarterly with an annual meeting preceding the anniversary review of the program. The present membership of the RAG includes:

Practicing Physicians	2
Medical Sciences Campus	1
School of Medicine and Medical Center Officials	4
Hospital Administrators	1
Appropriate Medical Societies	2
Voluntary Health Agencies	4
Commonwealth Department of Health	1
Municipal Government	1
Veterans Administration	1
Department of Education	1
Other Health Professions	1
Prominent Civic Leaders	1
Health Consumers	5
	25

Executive Committee

This Committee is composed of the officers (Chairman, Vice Chairman and Secretary) and four members elected by the Regional Advisory Group. The Executive Committee is authorized to act for the Regional Advisory Group between meetings with actions subject to subsequent approval by the Regional Advisory Group proper.

Task Forces

The PR-RMP has identified in this application six task forces and has indicated that it is in the process of developing quidelines and operational procedures for all of these groups. Indicated below are the Task Forces and their total membership:

Planning	10
Stroke	15
Cancer	10
Continuing Education	11
Diabetes	17
Heart	13

An organizational chart of the PR-RMP can be seen on Figure 2.

DEVELOPMENTAL COMPONENT

The region explains that the elements of the Developmental Component have been determined by selection of those items which the program development plan logically suggests and which are consonant with the pertinent sections and explicit terms of the Airlie House document of May 1970.

The alternatives considered in utilization of the developmental component are as follows:

1. (Disease Oriented) Kidney and Stroke Studies

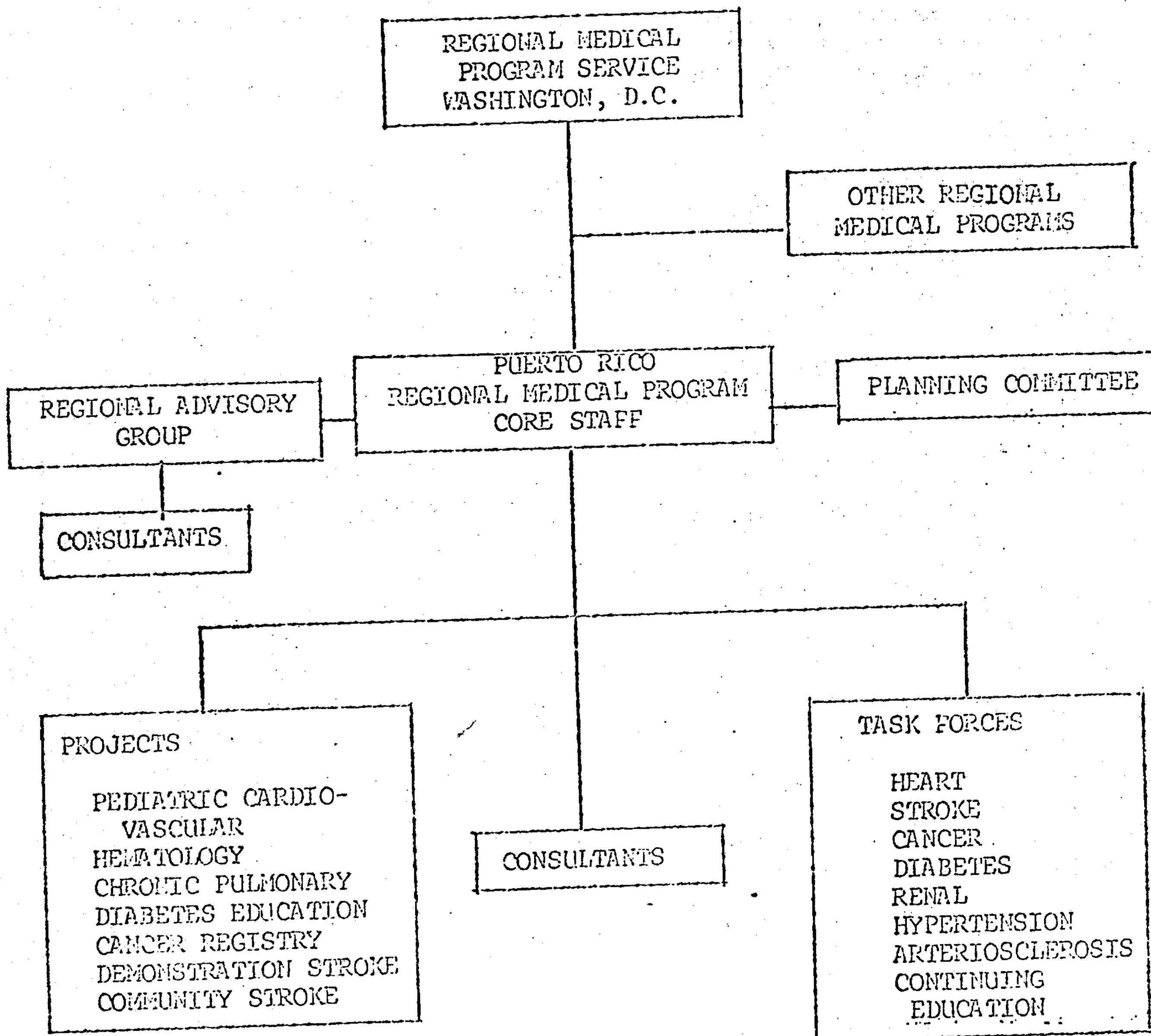
2. Education-Research Area

3. Application of a Health System Model

The region indicates a preference for alternative number three. A single committee (tentatively the existing Planning Committee) will constitute the sole review body for the processing of new proposals. To expedite matters the proposal will then proceed directly to the Regional Advisory Group. Administration of the projects would be carried out by the Administrator of the Core staff. The region indicates that an adequately functioning working group has already demonstrated its capacity to incorporate new projects by a flexible structure which responds on the basis of need.

PUERTO RICO REGIONAL MEDICAL PROGRAM

GENERAL ORGANIZATIONAL ARRANGEMENT



GENERAL ORGANIZATIONAL ARRANGEMENT

PROJECT REVIEW PROCESS

Following are the procedures utilized by the region in the review of proposals:

1. Operational grant application is prepared by the applicant. During its preparation, the members of the applicant organization may seek necessary consultation from the core staff.

This application is then filed with the Coordinator of the RMP. Applications are registered by Miss Betsy Napoleoni, using a "Project Proposals Flow and Control Sheet".

2. The Coordinator refers the application to his staff for analysis and evaluation.

3. The staff will provide follow-up documentation and analysis, with regard to the following criteria.
   a. That the application proposes to fill a demonstrated need in the improvement of patient care, giving emphasis to primary care in relation to heart disease, cancer, stroke, and allied illnesses.
   b. That it demonstrates joint and workable cooperative arrangements in the organization and administration of the existing health services in the Region.
   c. That it encourages the improvement and growth of the health manpower pool.
   d. That funds are to support new programs, not existing ones. Emphasis will be given to exploring new systems of care in relation to heart disease, cancer, and stroke patients and other allied illnesses.
   e. That the proposal will provide for a phase out period, presenting adequate and acceptable sources of support at some future time.
   f. That the project is feasible using the personnel and facilities in existence or available.
   g. That the application provides for meaningful evaluation of proposed activities.

4. A Committee will be formed of two staff members for the review of each proposal. Suggestions made by this committee will be sent to the RMP Coordinator.

5. The RMP Coordinator and/or representative will meet with representatives of applicant organizations to discuss suggestions of various committees.

6. A Core staff member will assist applicant organizations in making necessary changes suggested by the Core staff Review Committee. The proposal will then be prepared for review by the Task Force covering the area of concern presented in the proposal.

7. The Task Forces will review each Operational Grant Application received from the staff, according to criteria determined by that Committee. Presentation of each proposal to the respective Task Force will be made by representatives from applicant organizations.

8. The Task Force may recommend that proposals be forwarded to the Planning Committee or returned to the Applicant Organization under one of the following conditions: disapproved, or approved subject to modification. In the latter event, the proposal may be resubmitted following incorporation of the recommended changes.

9. If the Task Force rejects a proposal, it shall clearly state its reasons for doing so. The Coordinator will then forward a letter to Applicant Organization stating the reasons for the rejection.

10. Once reviewed and approved by the Task Force, proposals will be sent to the Planning Committee. If a proposal is approved by the Planning Committee, it will be sent to Regional Advisory Group. If approved by the Planning Committee subject to modification, it will be sent directly to Regional Advisory Group following revision in accordance with the recommended changes.

11. If the Planning Committee rejects a proposal completely, reasons for the rejection will be clearly stated and a letter will be sent by Coordinator to the Applicant Organization stating the reasons for rejection.

12. Copies of each proposal will be submitted to each member of the Regional Advisory Group, at least two weeks prior to a meeting. However, there will be a committee of the Regional Advisory Group, composed of two persons, who will be responsible for the proposals to be discussed.

13. At the time of discussing a proposal at a Regional Advisory Group meeting, representatives of the Applicant Organization will make the presentation.

    The Regional Advisory Group Committee which has the main responsibility for the discussion of the proposal shall be permitted to question these representatives.

14. If the application is approved with modifications by RAG, it will be referred by the chairman of the RAG to the RMP Coordinator, who, together with the Applicant and a representative of the Regional Advisory Group, will reconcile the points objected to, after which the proposal will be returned to RAG chairman for final approval.

15. The Puerto Rico Regional Medical Program Coordinator, acting for the Grantee Institution, the University of Puerto Rico Medical Sciences Campus, will receive all operational grant applications approved by the Regional Advisory Group. It will be his responsibility to determine that each application conforms to RMP policies, and to submit the application to the Regional Medical Program Services, Department of Health, Education, and Welfare.

PROGRAM EVALUATION

The evaluation section of the PR-RMP has established an evaluation protocol for both projects and total program. This protocal is identified in pages 71-74 of the May 1971 continuation application.

SUPPLEMENTAL PROJECTS

Project #14 - Medical Communication Center in the Southern Health District of Puerto Rico (Ponce):

First Year Request: $68,026

The applicant organization of this proposal is the Southern Distric Medical Society of the Puerto Rico Medical Association. The purpose of this program is continuing education of practicing physicians in this area. The Center itself will be available for physicians on a daily basis so that they can utilize audiovisual equipment and materials. Frequent meetings, short courses, seminars, and related activities are contemplated. In addition, portable equipment will be rotated-probably at weekly intervals through hospitals, health centers and others so that they may avail themselves of the learning material at their convenience.

It is indicated that in the future the scope of the program will be expanded to include paramedical personnel. The region indicates that it is likely they will request for a third-year support when they submit their triennial application.

Second Year: $68,485

Project #15 - Creation of a Continuation Education Program for General Practitioners in the Western Health Region (Mayaquez):

First Year Request: $14,927

The applicant organizations of this proposal are the Western Sub-region of PR-RMP, Western Health Region Health Department and the Western Chapter of the Medical Association.

This program proposes to create an educational mechanism to provide continuing medical eduction to the general practitioners in the Health Centers and in private practice in the West Region. The program will concentrate primarily on giving the participants theoretical information and clinical experience in the treatment of cancer, cardiovascular disorders and gastrointestinal disorders.

The course will be of 3 months duration. It will have two sessions per week of two hours duration each. The number of M.D.s to be enrolled per course will be a maximum of 15. The course will be offered three times a year reaching then a total of 45 M.D.s per year. It is indicated that a third year of funding may be requested when the region submits its triennal application.

Second Year: $16,672

RMPS/GRB/3/11/71

REVISED-3/10/71

REGION Puerto Rico

CYCLE RM 00065 5/71

(Anniversary Review)

BREAKOUT OF REQUEST 02 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				95,448	95,448	--	95,448
CORE	316,405				316,405	53,154	369,559
#1 Pediatric Cardiovascular Disease	150,000				150,000	14,744	164,744
#2 Hematology, Cancer Chemotherapy & Blood Bank	75,000				75,000	11,850	86,850
#3 Chronic Pulmon. Disease Center for Children	125,000				125,000	16,284	141,284
#4 Diabetes Mellitus Education Program	64,595*				64,595*	6,963	71,558*
#5 Cancer Registry	25,000				25,000	7,500	32,500
#7 ICC Training - RN's & MD's	90,000				90,000	13,645	103,645
#10 Community Family Stroke Prevention	112,163				112,163	19,377	131,540
#14 Medical Comm. Center				68,026	68,026	4,709	72,735
#15 General Practitioners CE				14,927	14,927	950	15,877
TOTAL	958,163			178,401	1,136,564	149,176	1,285,740

BREAKOUT OF REQUEST 03 PERIOD

COMPONENT ACTIVITY	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Development								95,448	95,448
CORE								316,405	369,559
#1								150,000	164,744
#2								75,000	86,850
#3								125,000	141,284
#4								64,595	71,518*
#5								25,000	32,500
#7								90,000	103,645
#10								112,163	131,540
#14				68,485	68,485	8,824	77,309	136,511	150,044*
#15				16,672	16,672	950	17,622	31,599	33,499*
TOTAL				85,157	85,157	9,774	94,931	1,221,721	1,380,671

*Budget Estimates for 3rd year to be included in Triennium Review Application.

RM 00065 5/71

Region PUERTO RICO

Program Funding:
Approved for Current Year--------------$ 1,246,250
Operating level in Current Year
(includes funds carried forward)-------$ 958,163
Recommended Commitment for next year---$ 958,163

Current Operational Year: 6/70-5/71
First Scheduled AR application Feb. 71
April 1971 Committee
Region's optional plans: None

COMPONENTS BY DISEASE CATEGORY

HEART
On-going
Projects 2
Total $S 240,000
% $S 25%
Approved/unfunded 0
Disapproved 0

CANCER
On-going
Projects 2
Total $S 100,000
% $S 10
Approved/unfunded 4
Disapproved 0

STROKE
On-going 1
Projects
Total $S 112,163
% $S 12
Approved/unfunded 1
Disapproved 0

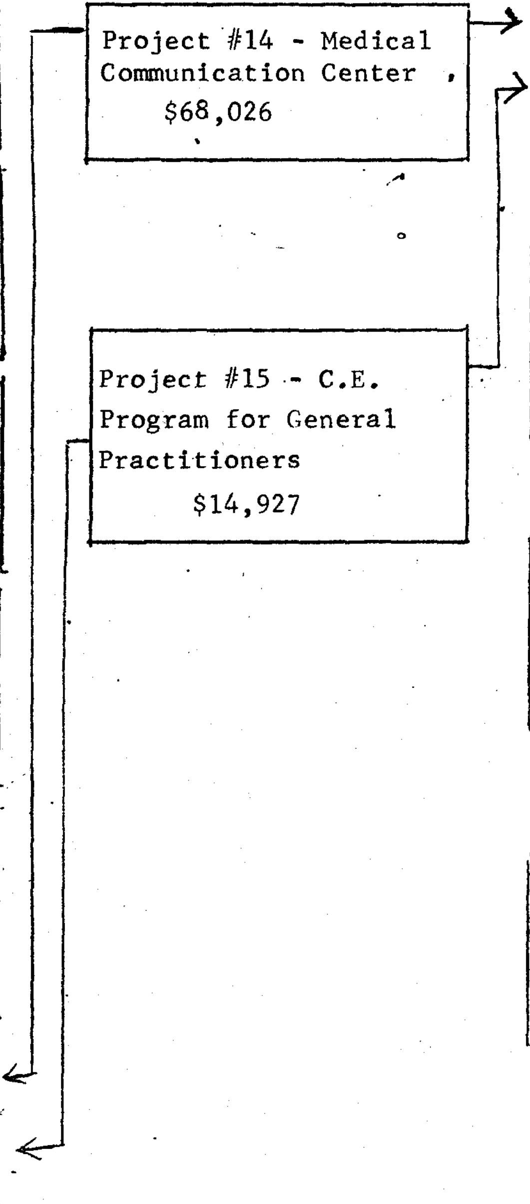
KIDNEY
On-going
Projects
Total $S - 0 -
% $S
Approved/unfunded
Disapproved

RELATED DISEASES
On-going
Projects 2
Total $S 185,919
% $S 20
Approved/unfunded 0
Disapproved 0

MULTICATEGORICAL
On-going
Projects 0
Total $S 0
% $S 0
Approved/unfunded 0
Disapproved 1

GENERAL
On-going
Projects 1 (Core)
Total $S 320,081
% $S 33
Approved/unfunded 1
Disapproved 0

PROPOSED COMPONENTS



COMPONENTS BY TYPE OF ACTIVITY

TRAINING AND EDUCATION
On-going
Projects 3
Total $S 225,919
% $S 24
Approved/unfunded 1
Disapproved 1

DEMONSTRATION OF PATIENT CARE
On-going
Projects 4
Total $S 412,163
% $S 43
Approved/unfunded 4
Disapproved 0

RESEARCH & DEVELOPMENT
On-going
Projects
Total $S - 0 -
% $S
Approved/unfunded
Disapproved

ADMINISTRATION & PLANNING
On-going
Projects 1 (core)
Total $S 320,081
% $S 33
Approved/unfunded 1
Disapproved 0

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 11, 1971

Reply to Attn of:

Subject: Staff Review of Non-Competing Continuation Application from the Puerto Rico Regional Medical Program for May 1971 Review Cycle 5 G03 RM 00065

To:

Acting Director
Regional Medical Programs Service

THROUGH: Chairman of the Month
Chief, Grants Review Branch

Chief, Grants Management Branch

Acting Chief, Regional Development Branch

Recommendation: Staff recommends continued support of Core and seven ongoing projects at the committed level of $958,163 for the regions second operational year. Based on the recent Reduction, however, of the Commitment by the RMPS of $81,443 the region's commitment for fiscal year "1971" is $876,720.

Core	$316,405
Operational Projects (7)	641,758
Staff Recommendation	958,163
Deduction by RMPS	81,443
Basis for award	876,720

Staff review of the continuation application concentrated on overall program issues. Major issues discussed by staff were:

Regional Advisory Group - Four new members have been added to the Regional Advisory Group, all representative of the health consumer. They are: an industrialist from Ponce, an insurance executive, a banking executive and an attorney. Staff believes this increase in consumer representation will strengthen the RAG, however, consumers to represent the lower economic population and the Model Cities Programs are not represented. The Northern and Southern areas of the region are well represented on the RAG, but there is no representation from the Western and Eastern areas of the region.

The RAG report is general and non-specific. It gives the impression that

the RAG has not assumed the leadership role for the PR/RMP. With the caliber of persons on the RAG, this group, if they assumed strong leadership of the program, could have a positive rather than a passive influence in the health care system of Puerto Rico.

Staff believes that if the PR/RMP is to effectively serve as a catalyst in bringing the two major providers of health services in Puerto Rico - Private and government medicine - to jointly confront the major health problems of the region, it will have to do so through the leadership and active participation of the RAG. Staff suggest that methods of operation, responsibilities assumed, and utilization of manpower of this group should be a topic of discussion in future site visits.

CORE

The Core staff has been increased from 29 to 44 positions. This increase in staff is primarily for the acquisition of personnel for the subregions of Ponce and Mayaquez. It also includes personnel from the recently organized Planning, Research and Evaluation Section of the central core office. No additional funds are requested for the new positions. They are to be funded from within the level of funding for Core by utilizing available funds from vacant positions.

The utilization of these core funds to support these new positions may presently restrict the region from filling the positions of social worker, hospital administrator and registered nurse now being recruited. It will however, allow the region to establish a subregion in Ponce and Mayaquez and to strengthen its planning and evaluation for central core staff which are priority items.

TASK FORCES

The membership on the task forces primarily consists of physicians, with little if any representation of allied health personnel. Staff believes that allied health personnel can contribute and should have an opportunity to participate in the task forces.

It appears to staff that there is little organized interrelationship between the task forces, nor an established operating procedure which would stimulate an integrated program effort between task forces, RAG, Planning Committee and Core. It is suggested that core staff input be built into the meetings of these groups to keep them abreast of total program activities and to encourage further input by these groups into the PR/RMP.

The general impression of staff is that the task forces have been project-oriented and have not assumed the responsibility for developing a Regional

plan of action for each of the categorical areas they represent. This lack of regional planning is apparent in the projects which have been submitted. There is no mention of how each activity interrelates with others in the same categorical area. There is also little mention of how each activity fits into a regional plan. Staff suggests that in future site visits these concerns of staff should be included as a topic for discussion.

OPERATIONAL PROJECTS

The seven operational projects have been funded for less than a one year period. Taking this into consideration, staff concurred that they have made satisfactory progress. When the region is site visited,*Project #10 - Community Family Prevention Program on Stroke and Its Incapacitating Complications - should be evaluated to see what progress has been made. This is in line with previous Council recommendations. The region reported some difficulty locating space for this project #10 at the Guaynabo Health Center and also with the recruitment of staff. They have however, indicated that these problems are being resolved.

GENERAL

Staff believes that cooperative relationships have been established and the regionalization process is developing.

The Region has defined as major problems within the government health system poor organization, utilization and administration of health resources. It would be interesting in a future site visit to see what the PR/RMP is doing to assist government medicine in resolving these problems.

The following staff members attended the meeting on March 5, 1971

Ismael B. Morales, Grants Review Branch, Chairman
Loretta W. Brown, Office of Program Planning and Evaluation
Lawrence H. Pullen, Grants Management Branch
Frank S. Nash, Regional Development Branch
Elsa J. Nelson, Continuing Education and Training Branch
Jessie F. Salazar, Grants Review Branch
Mike Posta, Regional Development Branch
Cleveland R. Chambliss, Office of Organizational Liaison

Ismael B. Morales
Public Health Advisor
Grants Review Branch

Approved:

Acting Director, RMPS　　Date 3/16/71

*Implicit in the original recommendation of approval, was the interest

in seeing this project develop into a pilot training center and stroke resource for all of Puerto Rico. The site visit team felt, however, that this would not take place unless follow-up consultation was provided once the project began. Since it is too soon for a program site visit, it might be well to have a special consultant visit the project some time soon.

Sarah J. Silsbee
Chief, Grants Review Branch

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

PUERTO RICO REGIONAL MEDICAL PROGRAM
RM 00065 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Committee recommends a funding level of $973,090 direct cost for support of Core, seven operational projects and two new projects. The request for a developmental component award was disapproved. Taking into consideration the recent administrative action by RMPS which reduced the Region's fiscal year "1971" commitment by $114,980, the operating level of funding will be $858,110.

DIRECT COST ONLY

Year	Request	Recommendation
02	$1,136,564	$973,090 *
03	85,157	$ 16,672 (Proj. #15)
Total	$1,221,721	$989,762

*Includes funds committed for core and seven on-going projects; actual funds to be awarded will be reduced by $114,980 thru administrative action.

CRITIQUE: Committee believes that although the seven on-going projects have been operational for less than one year most of them have managed to give the Puerto Rico RMP visibility and outreach. Concerns were expressed over the cancer registry project which has had a chronic problem with follow-up activities. The region may want to evaluate this activity in relation to other priority activities which they may be able to fund. Committee suggests, that as recommended by the last site visit team, a special consultant visit should be scheduled for Project #10 - Community Family Prevention Program on Stroke and Its Incapacitating Complications.

Committee was encouraged by the increased representation of consumers on the RAG, however, consumers to represent the lower economic population and the Model Cities Programs are not included. They also noted that although the Northern and Southern areas of the Region are well represented on the RAG there is no representation from the Western and Eastern areas. In addition, the membership on the RAG primarily consists of top echelon personnel with no representation from the allied health professions. Committee believes that allied health personnel need to be represented on the RAG and other committees of the PRRMP. Overall it does not appear that the RAG has assumed the leadership role for the PRRMP.

There seems to be a tendency in the PRRMP to become institutionalized away from the University, Department of Health and other major health institutions. Committee believes the PRRMP can be more effective if they assume the role of catalyst and devote their efforts in stimulating cooperative arrangements in health planning and program development between the major providers of health services in the region.

Committee expressed some concerns about Core not having adequate representation from the nursing and social services professions which could enhance their outreach into the community.

Committee believes that the new projects submitted in this application do not address the real needs of the region. They focus on continuing education for physicians in the health centers and overlook the private practitioners in the community. Committee believes that the primary goals of these projects should be to stimulate a cooperative relationship between private and government medicine so that they can cooperatively meet the health needs of their community. This is especially true now that PL 56 has been passed by the legislature, which permits payment of services of private patients in government hospitals and for indigent patients in private hospitals. In addition, Committee believes that there are good opportunities now in Ponce (Southern Region) and in Mayaquez (Western Region) for the PRRMP to have an impact because both areas are developing medical centers. By getting in on the ground floor, the PRRMP may be able to influence the development of cooperative arrangements and a regionalization process that would involve both government and private medicine in the areas. Particular emphasis was placed (on Ponce) by Committee because it has progressed much faster than Mayaquez.

Committee did not recommend additional funds for Project #14, but did encourage its development and support from local resources. They recommend that this activity be coordinated with the already existing continuing education program established in Ponce by Dr. Hector Rodriquez in coronary care.

For Project #15, Committee recommended an award of $14,927 with the recommendation that the program be expanded to include the private sector of medicine and allied health personnel. This project is viewed as the creation of a continuating education program for the Mayaquez Medical Center area.

RMPS/GRB/4/26/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM
Medical University of South Carolina
80 Barre Street
Charleston, South Carolina 29401

RM 35-04 5/71
April 1971 Review Committee

Program Coordinator: Vince Moseley, M.D.

This region is currently funded at $1,292,791 (direct costs) for its third operational year (which is an 11-month period) ending June 30, 1971. Core is supported at $456,498 (d.c.) and 16 projects at $836,293 (d.c.). The Region has submitted a triennium application that proposes:

I - A Developmental Component
II - The continuation of Core and three ongoing activities (#5A, #29, #31).
III - The activation of 1 Council approved but unfunded activity (#22)
IV - The renewal of 1 activity (#13R)
V - The implementation of 20 new activities (#39-#58)
VI - The termination of 12 activities

The region requests $2,991,048 (d.c.) for its fourth year of operation, $2,727,436 (d.c.) for the fifth year and $2,993,955 (d.c.) for its sixth year. A breakout chart identifying the components for each of the three years is presented on pages 3-5 of this summary.

Four of the proposed new activities have previous review histories. These are projects #47,54,56 and 58. This point will be elaborated on later in the body of this summary.

A site visit is planned for this Region. Staff has conducted a preliminary review of the application, which as a result of new policies is quite superficial and leaves many questions unanswered, and has identified the following as issues which need further clarification at the time of the site visit. These are covered in greater detail in the attachment to this summary.

1. The functioning of the large 70—member RAG.
2. The effect of the RAG's composition, with the preponderance of the Medical Society and hospital interests, on the program priorities and policies.
3. The effect of the various committees' composition on program priorities and policies.
4. The specific functions of Core Staff members and their relationships to the community, Local Advisory Committees, RAG and each other
5. The program objectives, the bases on which they were established, the time frame for achievement and the method of evaluation.
6. Clarification of the review process.
7. The evaluation processes, both project and program.

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funded (D.C.)
01	1/1/67-12/31/67	$100,673
02	1/1/68-12/31/68	$316,675
03	1/1/69-7/31/70	$420,000

Operational Program

Grant Year	Period	Funded (D.C.)	Future Commitment (D.C.)
01	8/1/68-7/31/69	$826,435 1/	-----
02	8/1/69-7/31/70	$1,177,626 2/	-----
03	8/1/70-6/30/71	$1,292,791 3/	-----
04	7/1/71-6/30/72	-----	$563,477 4/
05	7/1/72-6/30/73	-----	$202,255 (5 mos.)5/

*The indirect cost rate for the Region for the current year is approxi-
24.1% and represents $312,016.

1/ (Projects only, Core still under planning)
2/ (Core only partially supported $202,256 (d.c.) by this award)
3/ (This represents total program support, both Core & 16 projects
for 11 months)
4/ Core and Project #29
5/ Core only

SOUTH CAROLINA
RM 00035 5/71

04

(Triennium)

)ENTIFICATION OF MPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUND.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
RE	$615,490				$ 615,490	$207,686	$ 823,176
A - CCU Nurse Training	56,877				56,877	16,169	73,046
3R - Mid. G.I.		$45,808			45,808	8,332	54,140
2 - MUS Heart Clinic			$67,816		67,816	16,023	83,839
9 - Pediatric Heart	78,065				78,065	23,127	101,192
31 - Demonstration Project-Continuing Education	62,700				62,700	17,163	79,863
58 - Comprehensive CCU				$ 106,900	106,900	36,750	143,650
39 - Statewide Heart				59,718	59,718	12,194	71,912
40 - Stroke Nurse Training				62,154	62,154	12,544	74,698
1 - Midland Stroke				148,928	148,928	30,712	179,640
2 - Heart Implementation				99,626	99,626	17,816	117,442
3 - Hypertension				40,564	40,564	10,633	51,197
4 - Statewide Cancer Clinic				49,908	49,908	9,440	59,348
5 - Nuclear Medicine				68,785	68,785		68,785
6 - Hematologic Malignancies				81,913	81,913	19,600	101,513
7 - Oral Cancer				30,271	30,271	3,308	33,579
8 - Gynecologic/ Radiother.				240,165	240,165	55,272	295,437
9 - Lab Training				32,470	32,470	4,401	36,871
0 - Mid. Education				129,118	129,118	23,770	152,888
1 - Continuing Education Health Personnel				252,739	252,739	30,723	283,462
2 - Health Manpower				68,115	68,115	4,303	72,418
3 - Information Network				71,587	71,587	14,112	85,699
4 - Planned Discharge				50,800	50,800		50,800
5 - Hemodialysis				65,194	65,194	21,511	86,705
6 - Comprehensive Respiratory Disease Training Prog.				179,487	179,487	27,685	207,172
7 - Continuing Medical Education				100,850	100,850	24,107	124,957
VELOPMENTAL COMPONENT				125,000	125,000		125,000
TOTAL	$813,132	$45,808	$67,816	$2,064,292	$2,991,048	$647,381	$3,638,429

CYCLE RM 00035 5/71

BREAKOUT OF REQUEST 05 PERIOD (Triennium)

ENTIFICATION OF MPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
CORE	$650,035				$ 650,035	$218,069	$ 868,104
#5A	58,845				58,845	16,978	75,823
#13R							---
#22			$52,867		52,867	16,824	69,691
#29							---
#31							---
#58				$115,645	115,645	38,588	154,233
#39				68,500	68,500	14,083	82,583
#40				61,262	61,262	13,139	74,401
#41				148,928	148,928	30,712	179,640
#42				117,208	117,208	18,761	135,969
#43				41,793	41,793	11,165	52,958
#44				50,032	50,032	10,327	60,359
#45				60,649	60,649	---	60,649
#46				84,228	84,228	24,696	108,924
#47				33,905	33,905	3,638	37,543
#48				201,633	201,633	63,916	265,549
#49				25,094	25,094	4,535	29,629
#50				117,706	117,706	24,796	142,502
#51				228,301	228,301	41,079	269,380
#52				70,695	70,695	4,518	75,213
#53				105,417	105,417	22,168	127,585
#54				41,830	41,830	---	41,830
#55				69,914	69,914	23,662	93,576
#56				93,156	93,156	29,069	122,225
#57				79,793	79,793	22,940	102,733
EVELOPMENTAL COMPONENT				150,000	150,000	---	150,000
TOTAL	$708,880		$52,867	$1,965,689	$2,727,436	$653,663	$3,381,099

BREAKOUT OF REQUEST 06 PERIOD

RM 00035 5/71

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
CORE	$679,538				679,538	$228,973	908,511	$1,945,063	$2,599,791
#5A							---	115,722	148,869
#13B							---	45,808	54,149
#22			$54,311		54,311	17,665	71,976	174,994	225,506
#29							---	78,065	101,192
#31							---	62,700	79,863
#58				$ 103,101	103,101	40,517	143,618	325,646	441,501
#39				73,500	73,500	15,158	88,658	201,718	243,153
#40				64,243	64,243	13,758	78,001	187,659	227,100
#41				148,928	148,928	30,712	179,640	446,784	538,920
#42				118,139	118,139	20,163	138,302	334,973	391,713
#43				43,082	43,082	11,723	54,805	125,439	158,960
#44				51,809	51,809	10,709	62,518	151,749	182,225
#45				130,106	130,106	---	130,106	259,540	259,540
#46				95,570	95,570	29,606	125,176	261,711	335,613
#47				35,746	35,746	4,002	39,748	99,922	110,870
#48				227,836	227,836	72,011	299,847	660,634	860,833
#49				25,749	25,749	4,676	30,425	83,313	96,925
#50				122,899	122,899	25,749	148,795	369,723	444,185
#51				231,983	231,983	49,209	281,192	713,023	834,034
#52				74,500	74,500	4,744	79,244	213,310	226,875
#53				111,177	111,177	23,276	134,453	288,181	347,737
#54				45,613	45,613	---	45,613	138,243	138,243
#55				76,881	76,881	26,028	102,909	211,989	283,190
#56				196,361	196,361	37,383	233,744	469,004	563,141
#57				82,883	82,883	23,829	106,712	263,526	334,402
DEVELOPMENTAL				200,000	200,000	---	200,000	475,000	475,000
TOTAL	$679,538		$54,311	$2,260,106	2,993,955	$690,038	3,683,993	$8,712,439	$10,703,521

GRB/2/8/71

GEOGRAPHY, DEMOGRAPHY, AND CHARACTERISTICS

The boundries of the Region coincide with those of the State of South Carolina.

Despite urbanization and suburbanization,the Region remains chiefly rural or small town, and 57% of its population is rural. Of the total population of 2,700,000 approximately, there are only 15 towns in excess of 10,00 population. The five major cities are:

Charleston - 79,500
Greenville - 67,000
Spartanburg - 47,000
Columbia - 100,000
Anderson - 41,000

Spartanburg and Rock Hill are designated as Model Cities by HUD.

The University of South Carolina in Charleston is the only medical school in the State. There are 29 institutions of higher learning, 16 technical education centers, and 100 certification programs in the health field in 47 hospitals.

The median income in 1968 was $7,966, but 27.2% of households had income less than $3,000 per year.

In 1968 there were 2,137 licensed physicians in the State, of which 173.4 per 100,000 population were in urban areas of practice and only 34.8 in rural areas.

There are about 7,698 RNs in the State of whom 73% are actively employed.

There are 2,912 LPNs, 83% of whom are employed.

There are 102 hospitals with a total of 2,225 beds.

There are approximately 55 black physicians in the State and the Palmetto Medical Association is the recognized black medical association.

There are 11 State-Aid Cancer Clinics and 9 State-Aid Heart Clinics.

The State is divided into 10 comprehensive planning districts.

Causes of Death - Rate per 1,000

	All Causes	Heart	Stroke	Cancer	Accidents
U.S. 1968	8.20	3.73	1.05	1.11	.68
S.C. 1968	8.77	3.14	1.18	1.15	.74

HISTORY AND DEVELOPMENT

The Region's initial planning year began on January 1, 1967 and was supported by two awards totaling $100,673 (d.c.).

An award of $316,675 (d.c.)was made for the second year of planning 1/1/68-12/31/68.

In May 1968 Dr. Joseph C. Chambers replaced Dr. Charles P. Summerall as Program Coordinator.

A pre-operational site visit was conducted in June 1968 following submission of 20 operational projects. The team consisted of Edwin L. Crosby, M.D. (Chairman), Henry M. Lemon, M.D., Robert L. Schmitz, M.D., Donal R. Sparkman, M.D. and RMPS Staff; Frank R. Mark, M.D., Sam O. Gilmer, and Robert E. Jones. It was the consensus of the visitors that the Region was prepared to inaugurate an operational program. Representation on the RAG appeared geographically balanced and to involve sectors of private and public health interests as well as the consumer public. Representatives of the State Board of Health, who were to administer Comprehensive Health Planning, and RMP representatives gave assurances that both programs were compatible and will work closely together. Administrative arrangements for program planning and development seemed to be developing at a satisfactory rate particularly in view of the limited number of staff available. While the team was impressed with the caliber of the present core staff it was obvious that attention should be given to the expansion of staff capabilities. The development of cooperative arrangements seemed to have provided a sound base from which to build a program in the future and it appeared that interest and involvement in the SCRMP had developed to where the broader community was looking for tangible results. In view of the absence of a continuing education program in the Medical College the Region was considering the development of this resource at the Assistant or Associate Program Coordinator level. The visitors recommended approval for 16 of the 20 projects reviewed. Committee and Council saw fit to approve 17 of the 20 projects and an award of $826,435 (d.c.) was made for their support for the period 8/1/68-7/31/69. Shortly thereafter two core awards were made, totaling $420,000 (d.c.) to continue planning year 1/1/69-12/31/69.

On January 1,1969 Dr. Vince Moseley replaced Dr. Joseph Chambers as Program Coordinator.

Following the submission of a supplemental application consisting of 11 new projects a second site visit was made in April 1969. The team consisted of Henry M. Lemon, M.D., Lamar E. Crevasse, M.D., and Sam O. Gilmer, Jr., RMPS Staff. The visitors noted that SCRMP was still in a transition state between the planning stage and true operational status. The coronary care projects were progressing unevenly and other operational activities have been organized slowly because of the understaffed and underfinancial condition of the

South Carolina Medical University and the dispersed nature of the principal hospital facilities. It was believed there was a need to develop the Medical College's programs so that better leadership could be generated for the community hospitals of the state. The new Coordinator Vince Moseley, M.D., was already contributing much to the continued progress of SCRMP. The visitors noted that while consumer and community representation on the RAG had increased, physician interest strength had also been enhanced with an extremely large number of representatives from the medical society. Also, there seemed to be a great influence of the hospital administrators, and under representation from consumer groups representing the large minority segment of the population. There was only one representative of the nursing community. There had been a disinclination to develop any local priorities as to the importance of the various programs for which RMP support had been requested; and there had been no effort to route those projects which might be more appropriate for comprehensive health funding to the proper agencies. It was felt the RAG would have to set their own priorities and develop a better regionalization concept of their activities than they have developed at the present time. It was felt a more centralized educational and advisory program needed to be developed at the Medical College. While Committee and Council concurred with the visitors' recommendation to approve six of the eleven projects, no immediate award was made.

In July 1969 Staff reviewed the continuation application for the 02 operation which requested continued support for 15 of 17 originally funded projects. The projects at that time appeared to be moving along very much as anticipated although the evaluation was not well outlined nor were the objectives very clear. As a result of the review and a subsequent request for use of unexpended funds to support approved but unfunded projects the Region was awarded $1,066,091 (d.c.). Of this, $202,256 (d.c.) was awarded Core for the seven month period 1/1/70-7/31/70 and $843,835 (d.c.) was awarded for 15 ongoing projects for the period 8/1/69-7/31/70 and three approved but unfunded projects for the period 11/1/69-7/31/70. This award served to incorporate planning and operational funds into one grant period.

In January 1970 a Management Assessment visit was conducted to the Region. The visitors consisted of:

Albert Heustis - Coordinator, Michigan RMP
Alfred Popoli - Tri-State RMP
Richard Sasuly - California RMP
Richard Metzinger - Maryland RMP
Thomas Simonds - Regional Medical Program Service

The visitors were favorably impressed with the administrative management of this Region. All details contributing to a well-managed program were being studiously observed and policies were well developed. There appeared to be an excellent flow of communication between the Coordinator and staff as well as between staff members themselves, and the interests of both the grantee and SCRMP appeared well protected. The plan to subdivide the state into four SCRMP planning districts with subregional

offices in each was considered a sound and positive step forward. The RAG which had increased both in size and representation was considered a properly represented body. Although project ideas had originated from appropriate sources and had been reviewed in RAG committees it was noted that in many instances the reviewers were also the applicants. The visitors recognized a need in the SCRMP to significantly increase its data gathering effort and to strengthen its evaluation process. There was a need to expand evaluation to which determination of whether funds were spent on the manner originally agreed upon, assessment of immediate training effects, and effects on professional behavior.

In July, 1970, Staff reviewed the Region's Continuation Application for its 03 operational year 8/1/71-7/31/71. While the overall program appeared to be making significant progress, some concern was expressed that the Region was not giving adequate attention to the supervision and evaluation of projects, nor did it appear that Core staff or the RAG were using evaluation information in their decision-making process. For its 03 operational year (8/1/70-6/30/70) the Region was awarded $1,292,791 (d.c.) of which $456,489 is for Core support and $836,293 supports 16 projects.

PRESENT APPLICATION

Core: Request is being made for a total Core Staff of 44 positions; 28 professional positions and 16 secretarial and clerical positions. Of the professional positions two are paid as consultants.

Requested Fourth Year
$615,490

Only four of the professional positions and three of the secretarial positions are currently vacant.

Seven of the professional positions are filled by M.Ds.

Fifth Year: $650,035

Sixth Year: $679,538

Activity of Core: While the major functions of the Heart Section, Cancer Section, and Continuing Education Section of Core have been basically to set related objectives and develop project applications to meet them, they have also been engaged in other staff activities including; planning and implementing related educational conferences, and workshops addressing various professional groups, offering technical consultation to hospitals, assessing ongoing projects, and working with other health-related agencies in developing them as future resources.

The activities of the Medical Districts Section has been limited to its basic function which is to establish ten Medical District Committees as liaison groups with heatlh planning agencies, general planning and develop councils, professional and institutional groups in the various districts and initiate activities on the part of the District Committees in the evaluation of local needs commensurate with the overall purpose of SCRMP. This section did publish a health data profile as a service and reference to project applicants and otherhealth care programs.

Other sections of Core, excluding the Administrative and Audit Sections, include the Section on Program Liaison, Planning and Evaluation and the Section on Communications both of which provide backup support for the other sections in the areas suggested by their titles.

Regional Advisory Group:

The RAG consists of 73 members, with the largest contingent (20 M.D.s) representing the 10 State Planning Districts and the second largest contingent (7 hospital administrators) representing the South Carolina Hospital Association. While 13 other members represent 7 health and social agencies, 6 members represent 4 schools of higher learning. Aside from 2 nurses representing the Nurses Association, there is no other representation of allied health personnel. While there are 16 members-at-large, 10 of which are physicians, minority and consumer representation is not specifically identified.

Committees:	Membership
Executive Committee	15
By-laws and Nomination Committee	6
Heart Disease and Stroke Committee	12
Cancer Committee	13
Related Diseases Committee	6
Education Committee	Unclear either 3, 22, or 32

Subregionalization

Medical District Committees are being established in each of the 10 State Planning Districts as liaison groups with health planning agencies, general planning and development councils, and professional and institutional groups in the various districts. These committees will be responsible for assessing local needs which relate to the overall purpose and objectives of SCRMP. they will also serve as a source of guidance for the RAG in promoting improved patient care in categorical diseases and as a resource and consultation group for others in the district.

Goals and Objectives

The overall goals and objectives for the next triennium remain the same as those established for the first three years of operation with the exception that two new objectives have been added, 8 & 9.

1. Emphasis on continuing professional education, utilizing community hospitals in a region-wide program, and promoting the expansion of the activities of the Medical University in this area. New medical knowledge would be provided to the practicing physician through his community hospital.

2. Encourage the development of Acute Coronary Care Facilities in community hospitals, and utilization of continuous cardio-monitoring. To reach this objective effective training of nurses and physicians must be incorporated.

3. Develop and support the existing State-Aid Heart Clinics as centers of excellence, not only for patient care, but to develop in these continuing education of physicians, nurses, and allied health personnel.

4. Promotion of comprehensive care programs for stroke victims in community hospitals and also through the facilities of the State-Aid Heart Clinics.

5. Develop and study methods of population screening of risk factors related to stroke, ischemic heart disease.

6. Cancer program objectives should center around a strong Cancer Clinic System, with each clinic serving as a center of excellence for patient care and education. Cancer Screening services, Patient-oriented Tumor Registry, cooperative treatment programs are specific objectives to be sought.

7. Programs and studies to encourage and assist the efforts of community hospitals and professional organizations to develop effective definitions of job categories and more efficient methods of patient care. Specifically, utilizing in-service education programs related to the care of patients with heart disease, cancer, stroke, related disease as one method of approach, and in the implementation of this to explore the effectiveness of audio-visual aids in in-service education programs.

8. In the achievement of objectives, regional cooperation will be sought between individual professionals, institutions, and organizations.

9. The full activiation of the 10 medical districts should be carried out.

Developmental Component

Requested
First Year
$125,000

With health manpower as a point of departure, it would appear that specific developmental activities will emphasize: (a) new ways in which the practicing physician can perform professional tasks more efficiently and reliably, (b) ways in which the non-medical tasks of the physician can be competently assumed by other professional or technical personnel,(c) ways in which new kinds of professionals can assist or support the physician both in institutional and office practice surroundings, and (d) improved information on the existing availability of health and health-related services in a given community, district or section of the region, or in the region overall.

Proposed uses of developmental funds include:

1. Study needs and the organizational place for a Department of Community Health Services at the Medical University.

2. Studies as to the regional need in respect to specific aids in the promotion of health care services, such as; physician assistant training programs, improved patient chart and record methods, computerized patient records and health service directories.

3. Studies in conjunction with applicant hospitals as to ways by which strengthening of community hospitals can be achieved through regional planning for services.

4. Specific needs identified by the categorical committees which will necessitate developmental effort - before a definitive operational proposal can be developed.

Second Year: $150,000 Third Year: $200,000

PROJECT REQUESTS BY PROGRAM SECTIONS

(related to map on page 24 and chart on page 23)

Heart and Stroke Section

Project #5A-Coronary Care Nurses' Training - Medical University South Carolina

Requested Fourth Year $56,877

05 - $58,035

(This project is a continuation of project #5 which was supported for two years. Project #5A which was approved for 3 years has been funded in the current year with carryover funds. It has 04 and 05 year support.)

Objectives: To continue a series of training courses that will provide key nursing personnel for established or new coronary care units in hospitals throughout the state.

Project #22 -Demonstration Service and Education Project in The Heart Clinic - Medical University of South Carolina

Requested First Year $67,816

02-$ 52,867 03-$ 54,311

(This is an approved but unfunded project)

Objectives: With additional staff new diagnostic procedures will be added to the Clinic. Educational and service facilities will be expanded to include inter-clinic staff exchange and telephone conferences, initial appointments to physicians not associated with heart clinics, and referral and consultation services on problem cases submitted by practicing physicians. Orientation seminars will also be conducted for para-medical personnel interested in heart-clinic activities and related programs.

Project #29 - Comprehensive Care of Children with Heart Disease - Medical University of South Carolina.

Requested Second Year $78,065

(This two-year project which is currently in its first year of operation, is requesting committed support for its second year.)

Objectives: To develop working relationships among pediatricians and cardiologists through an exchange visit program set up between the Division of Pediatrics and the pediatricians in the community heart clinics. To train nursing and para-medical personnel and to supplement the facilities and services of the Division of Pediatrics.

Project #39 - Statewide Heart Clinic Education & Service Program - South Carolina State Board of Health

Requested First Year $59,718

02-$68,500 03-$73,500

Objectives: To train not less than 66 practicing physicians as clinic fellows; to conduct semi-annual seminars for nurses and physicians under clinic sponsorship in each participating community, ultimately enrolling in these seminars 30% of the family physicians in the region: to increase the number and capacity of heart clinics to meet local needs; to examine through a pilot program the feasibility of establishing subsidiary clinics for specialized management of related disorders, such as diabetes and renal diseases; to establish a heart clinic patient registry.

Project #58 - Comprehensive Coronary Care Program for Community Hospitals in the Coastal Region - Medical University of South Carolina

Requested First Year $106, 900

02- $115,645 03- $103,101

(This project was previously reviewed as project #35 and was returned for revision with the suggestion that the applicant give consideration to the development of other areas besides Charleston and plan linkages, design more appropriate in-service nurse training programs with educational objectives clearly defined, and develop with the proposed curriculum for CCU - Training an evaluation mechanism designed to meet objectives)

Objectives: To provide individualized planning for coronary care in each of eight unspecified participating hospitals. To train nurses, physicians and other hospital personnel in cardiopulmonary resuscitation and coronary care thereby providing a hospital-wide emergency resuscitation plan to establish a communications system for EKG transmissions and consultation which will link participating hospitals to the CCU at the Medical University. To establish a patient registry designed to provide adequate clinical material for evaluation of therapy and programs.

Project #40 - Stroke Nursing - Medical University of South Carolina.

Requested First Year $62,154

02-$61,262 03-$64,243

Objectives: It is hoped that by training a cadre of nurses in the care of stroke patients, other areas of the state will be able to provide better nursing care for the stroke patients and for patients with similar nursing problems. The College of Nursing will offer an educational program for nurses throughout the state in the care of the stroke patient. A series of courses are to be conducted at Columbia for the ensuing three years. Four sessions of two-weeks duration are to be offered per year. The Columbia Hospital Stroke Demonstration Unit will be available for clinical experiences.

Project #41 - Central Midlands Early Stroke Detection Project - Columbia Hospital. This appears to be an extension of Project #15 - Stroke Management Demonstration and Project #16- Stroke Recovery and Rehabilitation, both of which were supported for the first 3 years of operation.

Requested First Year $148,928

02-$148,928 03-$148,928

Objectives: Through a series of lectures throughout the region by the project director, physicians will be persuaded to spend a period of concentrated stroke training time in Columbia Hospital. Following training they will return to their locale where they can contribute to stroke programs in their community hospitals. In addition, nurse and lay and allied health personnel stroke education will be provided by the project.

Project #42 - Implementation Program of Heart and Stroke Projects - South Carolina Heart Association

Requested First Year $99,626

02-$117,208 03-$118,139

Objectives: The proposed activities will provide region-wide implementation of a series of community projects. Activities will be implemented by a Program Implementor, a staff member who combines close familiarity or topical expertise in specific project areas with skills in applied behavioral science. Three project implementors will be appointed and will provide the needed linkage between projects developed by the Heart Association or other agencies at the state level and community-based volunteer project leaders. They will receive specific training in current aspects of health-care delivery and in behavioral science techniques.

Project #43 - A Regional Program for Improved Diagnostic and Therapeutic Management of Hypertension - Medical University of South Carolina

Requested First Year $40,564

02-$41,793 03-$43,082

Objectives: Project components include: 1) immediate provision of technical assistants to develop steroid assay and renin assays at the Medical University; 2) establishment of regional facilities at major medical centers (Columbia, Spartanburg, Greenville and Florence to assist in disseminating information and to provide for the screening of hypertensive patients to facilitate selection of those in need of further study; 3) systematic demonstration of current diagnostic approaches and their interpretation to physicians through lectures 4) provision of careful follow-up for patients so managed through detailed records.

Cancer Section

Project #13R - Central Midlands Gastro-Intestinal Disease Detection and Training - Columbia Hospital

Requested First Year $45,808

This is a one year renewal request for an ongoing project which is in its third and final year of support.

Objectives: The community hospitals and patients in the Midlands area of the state will be offered a full range of diagnostic procedures directed at diseases within the gastro-intestinal tract and abdominal cavity. Educational facilities in the Gastro-intestinal Clinic will provide for teaching of physicians and technicians.

Project #44 - Florence Cancer Clinic Education and Service Program - State Board of Health

Requested First Year
$49,908

02-$50,032 03-$51,809

Objectives: Utilizing the structure of the Pee Dee Cancer Clinic this project would up-grade the education of physicians by making a formalized educational program available through:

1) weekly clinic teaching sessions with audio-visuals
2) consultation
3) medical education network
4) annual seminar
5) reference library.

Project #45 - State-wide Continuing Education in Nuclear Medicine Self Memorial Hospital

Requested First Year
$68,785

02-$60,649 03-$130,106

Objectives: A four-element educational program designed specifically to close the existing health care gap in Nuclear Medicine will be initiated and will consist of: 1) nuclear medicine technician training, 2) physician's continuing education program, 3) annual symposium, 4) lecture and consultation program. A Gamma Counter is to be purchased in the 03 year for approximately $77,500.

Project #46- Hematologic Malignancies, Education and Service Program for South Carolina - Medical University of South Carolina

Requested First Year
$81,913

02- $84,228 03- $95,570

Objectives: To establish an ongoing postgraduate training program in hematologic malignancies for physicians and technicians of South Carolina through the establishment of a Leukemia-Lymphoma Center

and an extensive education program consisting of the following:

1) Leukemia-Lymphoma Center Programs
2) Quarterly Demonstration Seminars
3) Programs utilizing Pediatric Cancer Networks
4) Consultant Services
5) Lecture Series
6) Annual Conference

Fellow Hematologists will be supported by the project.

Project #47 - Coordinated Application of Clinically Proven Procedures To Reduce Complications Following Radiotherapy to Head and Neck - Medical University of South Carolina.

Requested First Year $30,271

02-$33,905 03-$35,746

This project has been reviewed and rejected two times by the National Advisory Council. The last reason for rejection was that it appeared excessively expensive (01-$116,520, 02-$94,509, 03-$99,509), too centralized and appeared to be basically the establishment of a Head and Neck Clinic with minor emphasis on continuing education.

Objectives: To establish methods of management of the teeth and their supporting structures which will provide the best prophylaxis and lowest incidence of complications in patients recieving radiation therapy of the oral cavity. Professional education will consist of seminars throughout the state during the second and third years, for physicians, nurses, dentists and allied health. Treatment and followup will be provided to all patients regardless of economic status or race. The project will broaden the scope of the MUSC Dental Clinic and the State and Cancer Clinic System as referrals will be made to the medical University from these clinics.

Project #48 - Cooperative Gynecological Radiotherapy Program in South Carolina - Medical University of South Carolina

Requested First Year $240,165

02-$201,633 03-$227,836

This project appears to be an expansion of Project #10 - Carcinoma of the Cervix which has been ongoing for three years and was designed to inform physicians regarding carcinoma of the cervix and screen indigent patients.

Objectives: To establish in South Carolina a cooperative team approach to the total management of the cancer patients from primary family physician to the Oncologist and associated allied health personnel. Training programs, consultation, and treatment planning services

at the Medical University will be established to augment the expertise and knowledge of the physicians in the local community. This program will be coordinated with other cancer projects in the state for optimal effectiveness in meeting objectives. Fifty percent of the first year budget is devoted to equipment.

Related Disease Section

Project #55 - Hemodialysis Continuing Education Program - Medical University of South Carolina

Requested First Year $65,194

02-$69,914 03-$76,881

This project appears to be a continuation and expansion of ongoing Project #18 - Hemodialysis Continuing Education which was designed to establish a hemodialysis center at the Medical University and offer training for medical and para-medical personnel.

Objectives: To continue a hemodialysis demonstration center as a means of continuing education for nurses, and allied health. Through continuing education courses and seminars involvement of professional and lay personnel on hemodialysis will increase.

Project #56 - Comprehensive Respiratory Disease Training Program Medical University of South Carolina

Requested First Year $179,487

02-$93,156 03-$196,361

This project has been reviewed and rejected two times by the National Advisory Council. The last review recommended a site visit to collect additional information and clarify points.

Objectives: Coordinated through a central laboratory unit to be established at the V.A. or the Medical University Hospital, the project will offer:

1) Structured demonstration lectures and refresher courses at the central unit.

2) Visiting Lecture Series to be presented in every county of the state.

3) Invitational Consultation services for establishment, improvement, maintenance or operation of hospital-based facilities.

4) Annual seminars summarizing latest developments and techniques in the field.

5) A data transmission network offering patient diagnostic and management-consultant services. Through direct linkages between hospital-based equipment and central unit computer. There is a large $89,529 equipment request the first year and an $80,000 equipment request the third year.

Education Section

Requested First Year $62,700

Project #31 - Demonstration Project in Continuing Education in a Community Hospital - Spartanburg General Hospital.

This project which has been approved for 3 years has been funded with carryover funds in its first two years of operation (01-$22,707, 02-$11,550). It is approved for a third year of support at $28,947 this project relates very closely to project #57.

Objectives: To demonstrate the value of a broad, progressive, community hospital-based continuing education program to medical services areas. It would develop close cooperation with the Medical University. Methods would include; varied educational programs that will actively involve the medical professional community organization of an adequate administrative staff for the Office of Education, expansion of cooperative programs with the Medical University, and implementation of effective rotation of Wofford College students on various professional services of the Spartanburg General Hospital.

Project #49 - Statewide Laboratory Personnel Refresher Training - South Carolina State Board of Health

Requested First Year $32,470

02-$25,094 03-$25,749

Objectives: To establish a statewide program to upgrade the diagnostic acumen of laboratory technicians in all hospitals, to establish a facility where physicians, nurses and allied health professionals receive refresher courses on the latest techniques and procedures available for diagnosis of disease, to establish a mobile laboratory equipped for teaching which would be taken to any size hospital to provide refresher training for laboratory technicians. First-year budget includes a request of $12,000 for a mobile unit and 16 microscopes.

Requested First Year $129,118

Project #50 - Central Midlands Medical Education Program - Columbia Hospital

02- $117,706 03- $122,899

Objectives: Establish a region-wide continuing medical education program aimed at all physicians, nurses and allied health personnel in the Midlands area (4 counties). On a continuing basis analyze the region's physician, nurse and allied health personnel population, their distribution, specialities, and need for continuing education. Develop a curriculum consisting of courses and subjects aimed at the areas educational needs. Plan demonstrations, conferences and other teaching experiences. Involve teaching resources of other hospitals.

Project 51 - A Program for Continuing Education for Health Professionals, Technical and Occupational Allied Health Personnel - Medical University of South Carolina. (Division of Continuing Education)

Requested First Year $252,739

02-$228,301 03-$231,983

Objectives: The development of a satellite studio sponsored and operated jointly by the South Carolina Education TV Network and the Medical University which will permit the production and broadcast of both live television programs or taped programs on the campus of the University. An important adjunct will be the utilization of two-way telephone communication over the Tele-Pac Telephone System so that teachers and students will be able to have vocal communications throughout the period of visual presentations. Development of continuing education centers in the community hospitals. Large equipment requests are made for each of the 3 years. (01-$105,163, 02-$45,500, 03-$30,300)

Project #52 - Health Manpower Project - South Carolina Hospital Association

Requested First Year $68,115

02-$70,695 03-$74,500

This project appears to continue and expand Project #20 - Health Education and Recruitment which is in its third and final year of support.

Objectives: Working within the 10 health planning districts, the project will seek the support and cooperation of the planning district groups, especially the health planning groups of each district. A training program will be initiated in each district whereby previously gained knowledge will be utilized to train various people who can staff exhibits and fairs, as well as serve as the speakers bureau. The project staff together with the Hospital Association will continue its cooperative efforts with educational institutions.

Project #53 - Information Network for Medicine - Medical University of South Carolina

Requested First Year $71,587

02- $105,417 03- $111,177

Objectives: To design, implement, and operate a comprehensive medical pharmaceutical information system. This will be done by installing and utilizing a direct telephone line to enable any physician, dentist or pharmacist or emergency room to merely reach the nearest telephone for direct access. The line will operate 24 hours a day, 7 days a week. Computer costs go from 4,900 the first year to 26,100 the second and 28,100 the third.

	Requested First Year
Project #54 - Planned Discharge and Progressive Care Demonstration Project - McLeod Infirmary, Florence.	$50,800

02-$41,830 03-$45,613

This project was previously reviewed by the National Advisory Council and disapproved for RMPS support because it was too comprehensive in nature and did not adequately relate to the categorical diseases.

Objectives: To promote comprehensive and continuing inter-related patient care for patients with heart disease, cancer, stroke and related diseases, through coordination and efficient utilization of community resources. Project staff will comprise a three-member health team to provide useable information and to coordinate community resources which will cut down on patient costs, by providing faster convalescent care. Recognizing the needs of the patient, the physician and the acute general hospital, this team will develop necessary techniques for liaison, planning and related educational projects.

	Requested First Year
Project #57 - Continuing Medical Education Program for Physicians Nurses and Allied Medical Personnel - Spartanburg General Hospital	$100,850

02-$79,793 03-$82,883

This project appears to relate directly to project #31 - Continuing Education in a Community Hospital which is sponsored by the same hospital, has been supported with carryover for two years and is now requesting third year support .

Objectives: To foster cooperation among physicians, nurses and allied health personnel in the development of the "Team Approach" concept of preventive and comprehensive medicine. To test the feasibility of training allied health personnel toward the physician in his daily routines. To recruit and train allied medical personnel concerned with rehabilitation. To develop new and innovative techniques to bring medical information to the community hospital.

SUMMARY OF OPERATIONAL PROJECTS
CURRENTLY BEING SUPPORTED BY
SOUTH CAROLINA RMP

Project Title and Number	Future years of Support	Funded (d.c.) 11 mos 8/1/70 - 6/30/71
Core	2	$456,498
#6-Spartanburg Heart Clinic	0	24,179
#7-Florence Heart Clinic	0	25,017
#8-Cardiopulmonary Resuscitation Training	0	40,341
#9-Tri-County Cervical Cancer Screening	0	91,227
#10-Cooperative Program on Carcinoma of the Cervix	0	172,287
#12-Pediatric Cancer Education and Service	0	93,444
#13-Cancer of G.I. Tract	0	27,941
#15-Stroke Management Demonstration in a Community Hospital	0	70,019
#16-Regional Stroke Rehabilitation and Treatment Demonstration	0	30,934
#18-Demonstration Hemodialysis	0	4,183
#20-Health Education and Recruitment Project	0	52,948
#5A-Coronary Care Nurse Training University of South Carolina	0	39,367
#25-Central Tumor Registry	0	23,513
#26-Statewide Radiation Therapy	0	51,338
#29-Comprehensive Care of Children & Infants with Heart Disease	1	78,000
#31-Demonstration of Continuing Education in a Community Hospital	0	11,550
		$1,292,791

As a result of the Director's recent cut-back on all regions, SCRMP's support for the current year will be reduced to $1,200,225. Adjusted budgets have not as yet been received by RMPS.

Total Request $2,991,048 (d.c.)

Region South Carolina RM 00035

Breakout of SCRMP Request for the Upcoming Year 7/71-6/72 by Category and Type of Activity.

COMPONENTS BY DISEASE CATEGORY

Category	# Projects	Total $S	% $S
HEART	5	369,376	12%
CANCER	6	516,850	17%
STROKE	2	211,082	7%
KIDNEY	1	65,194	2%
RELATED DISEASES	2	220,051	7%
MULTICATEGORICAL	1	99,626	3%
GENERAL	Core ± 8	1,383,869	46%
Developmental Component		$125,000	4%

COMPONENTS BY TYPE OF ACTIVITY

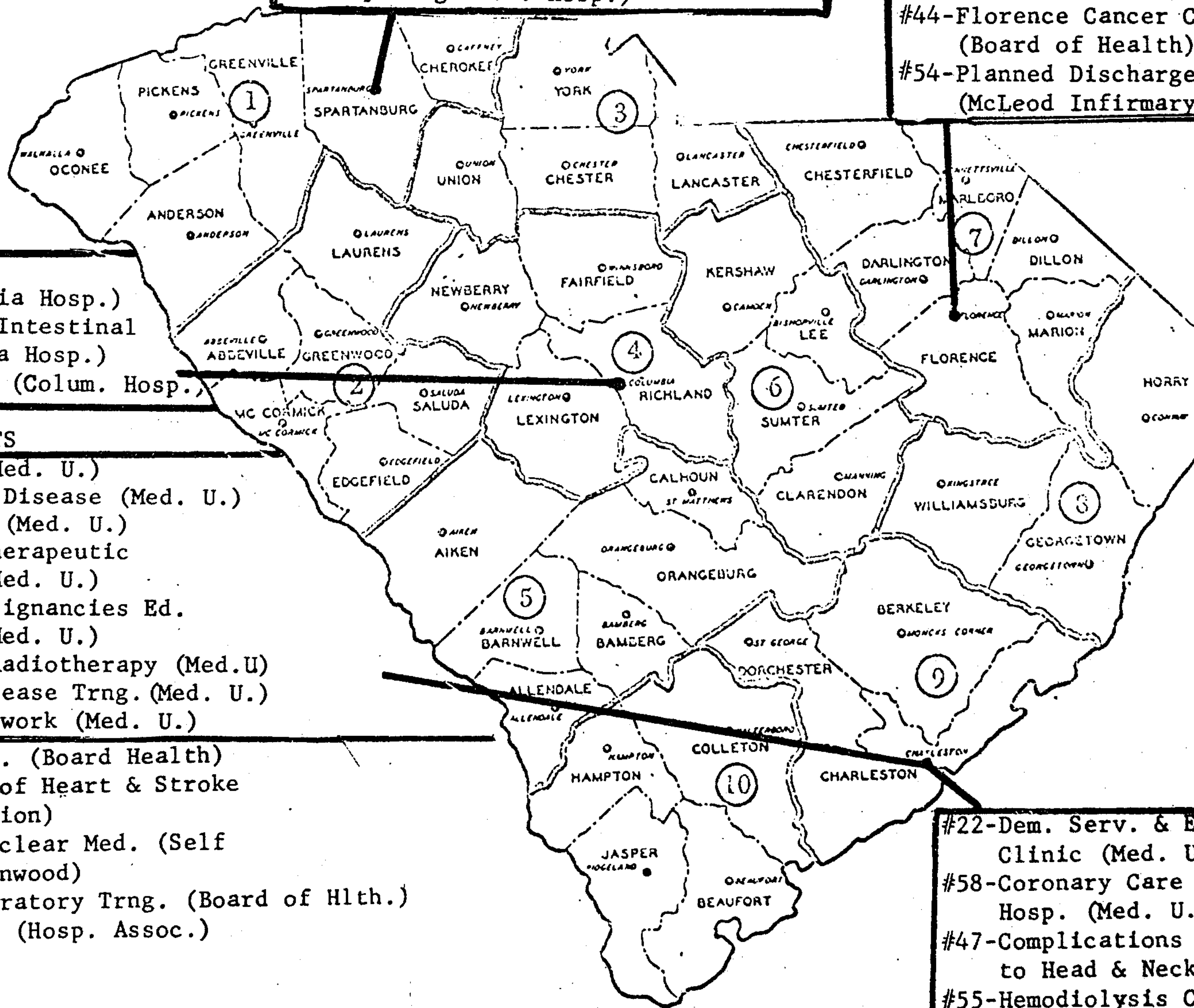
Activity	# Projects	Total $S	% $S
TRAINING AND EDUCATION	18	1,770,929	59%
DEMONSTRATION OF PATIENT CARE	1	67,816	2%
RESEARCH & DEVELOPMENT	2	113,923	4%
ADMINISTRATION & PLANNING	Core ± 4	913,380	31%
Developmental Component		$125,000	4%

GEOGRAPHIC SCOPE OF PROPOSED PROJECTS FOR 04 YEAR
7/1/71-6/30/72

#31-Cont. Ed. in Community
Hospitals (Spartbg. Gen. Hosp.)
#57-C.E. for Physicians & Nurses
Spartbg. Gen. Hosp.)

#44-Florence Cancer C.E. & Serv.
(Board of Health)
#54-Planned Discharge & Care
(McLeod Infirmary)

1-Midland Stroke
Detection (Columbia Hosp.)
3R-Midland Gastric Intestinal
Disease (Columbia Hosp.)
0-Midlands Med. Ed. (Colum. Hosp.)



REGION-WIDE PROJECTS

#5A-CCU Training (Med. U.)
#29-Children Heart Disease (Med. U.)
#40-Stroke Nursing (Med. U.)
#43-Diagnostic & Therapeutic
Hypertension (Med. U.)
#46-Hemotologic Malignancies Ed.
and Services (Med. U.)
#48-Gynecological Radiotherapy (Med.U)
#56-Respiratory Disease Trng. (Med. U.)
#53-Information Network (Med. U.)

#39-Heart Clinic Ed. (Board Health)
#42-Implementation of Heart & Stroke
(Heart Association)
#45-Cont. Ed. in Nuclear Med. (Self
Mem. Hosp.-Greenwood)
#49-State-wide Laboratory Trng. (Board of Hlth.)
#52-Health Manpower (Hosp. Assoc.)

#22-Dem. Serv. & Ed. Heart
Clinic (Med. U.)
#58-Coronary Care Coastal
Hosp. (Med. U.)
#47-Complications of Radiotherapy
to Head & Neck (Med. U.)
#55-Hemodiolysis C.E. (Med. U.)
#51-C.E. for Heart Professionals
& Allied Health Peo[illegible] Med. U.

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM
RM 00035-04 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATIONS: Committee recommended that the Region be awarded $1.5 million dollars (direct costs) for each of three years including developmental component funding.

The Ad Hoc Renal Disease Panel recommended Project #55 - Chronic Renal Disease Education and Service be deferred for a site visit.

	REQUEST (Direct Costs)			RECOMMENDED FUNDING (Direct Costs)
	Fourth Year	Fifth Year	Sixth Year	Each of Three Years
CORE	$ 615,490	$ 650,035	$ 679,538	$ 500,000
PROJECTS	2,250,558	1,927,401	2,114,417	900,000
DEVELOPMENTAL	125,000	150,000	200,000	100,000
TOTAL	$2,991,048	$2,727,436	$2,993,955	$1,500,000

Note: Support of Project #52 - Health Manpower is precluded by RMPS policy which states that RMP grant funds are not to be used for direct operational grant support of Health Careers Recruitment Projects.

CRITIQUE:

Funding Recommendation - is basically consistent with that of the site visitors. However, while the visitors had recommended $1,127,041 of project support for each of three years, Committee believed the project level should be reduced to $900,000 which provides for a more modest growth over the current level of support. Also taken into consideration was the fact that a number of projects are requesting large equipment and personnel items which are inappropriate at this time when RMP funds are extremely limited. Project #5A - Coronary Care Nurse Training at the Medical University was cited in particular as requesting excessive personnel who, in fact, would appear to be providing patient services.

Program Observations: Committee concurred with the site visitors report which concluded that while the Region has not demonstrated outstanding maturity or quality, it has made substantial progress during its first three years of operation. Given the limitations of categorical disease and continuing education under which the Region initiated its first three-year operational plan, the limited resources

of the Region, and the skepticism with which many health providers viewed RMP, the Region appears to have been moderately successful in focusing its projects on some of the major problems of South Carolina. It has concentrated through continuing education programs, some involving state-aid clinics, to upgrade the knowledge of the rural physicians who in most instances have not kept current with modern procedures related to heart, stroke and cancer. In addition through the coronary care training projects, the stroke and cancer projects, SCRMP has succeeded in improving facilities and services in rural communities, most of which are medically deprived.

The activities promoted by SCRMP have also served to remove much of the skepticism many of the S.C. physicians harbored about RMP and it appears SCRMP through all aspects of its program has succeeded to a large degree to have won the confidence of the various health interests of the medical community. The Medical University which prior to SCRMP was a classic example of an "ivory tower" is now extending itself through many of the projects into the hinterland. Much of the success of the program appears attributable to the leadership of past and present Program Directors, capable Core Staff (particularly the three associate coordinators), active RAG Chairmen and the interest and dedication of the RAG membership.

The Reviewers noted that the program as designed for the next three years remains highly categorical and will be implemented primarily through traditional continuing education activities. However, they reasoned that the Region has generated a degree of momentum in the direction that can not be abruptly changed and that at the time this application was being drafted, the new and broadening philosophies of RMP had not yet emerged.

While Committee members were for the most part favorably impressed with the South Carolina RMP, they agreed with the site visitors that the following aspects of the program are areas of needed strength. They also felt that while these observations were conveyed to the Region at the time of the visit, they should be re-emphasized and RMP staff should offer assistance and monitor progress.

1. The program remains basically categorical and educational in nature, thereby disqualifying some of the more serious disease problems of the Region and limiting the types of imaginative projects generated for their solution.

2. The composition of the RAG is unbalanced and heavily in favor of the M.D.s and Medical Society interests. Also, there is under-representation of allied health interests and the Palmetto Medical Society.

3. While the Region's overall goals and objectives are more specific than most, there is a need for them to be identified in more specific and measurable terms or to establish more specific sub-objectives. Also, they should be more closely related to "assessed needs."

4. Core Staff has functioned to date more as a catalyst to persons who have had projects they wished to have funded, rather than as a stimulator of projects designed to meet specific objectives.

5. While the SCRMP has taken positive steps to improve project evaluation, program evaluation needs additional strengthening beginning with measurable objectives.

6. Although rapport has been established with the OEO, Model Cities, and Appalachia Agencies, there is a need for closer working relationships and coordinated planning.

Project #55 - Chronic Renal Disease Education and Service Program - did not receive a technical review by Committee, but rather was deferred for such a review to the Ad Hoc Renal Disease Panel which met the following day. While the Panel felt the Region had done yeoman service in developing needed renal services with small financial assistance, it believed final action should be deferred pending a site visit to provide assistance in reduction of certain aspects of the program to prevent proliferation. It was also belived certain budget items will need to be redirected, but will not exceed the amount of the original requests.

Note: (Staff is concerned that this recommendation for deferred action creates a problem in that Project #55 is an extension and expansion of ongoing Project #18 and such action will interupt the continuity and transition of the program.)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 23, 1971

Reply to Attn of:

Subject: Quick Report on South Carolina Site Visit - March 16-17, 1971 (Charleston)

To: Director
Regional Medical Programs Service

Through: Acting Deputy Director
Regional Medical Programs Service

The site visit team consisted of:

Edmund Lewis, M.D. (Chairman)
National Review Committee

Bruce Everist, M.D.
National Advisory Council

William Stoneman, M.D.
Program Coordinator - Bi-State RMP

Russell Lewis, M.D.
Practicing Physician - Marshfield Clinic, Wisconsin

RMPS STAFF:

Veronica Conley, Ph.D. - Continuing Education
Lyman Van Nostrand - Program Planning and Evaluation
Frank Nash - Regional Development Branch
Ted Griffith - Regional Office Representative
William Reist - Grants Review Branch

Representatives of the Region included past and present RAG chairmen, a broad spectrum of RAG members, the Program Coordinator and most of professional Core Staff, including field representatives.

It was the feeling of the site visitors that this Region has made substantial progress during its first three years of operation. Given the limitations of categorical diseases and continuing education under which the Region initiated its first three-year operational plan, it appears to have worked within its somewhat broadly stated objectives, to focus its projects on some of the major problems of the Region. It has concentrated through continuing education programs, some involving state-aid clinics, to upgrade the knowledge of the rural physician who in most instances is serving large numbers of relatively poor patients but has not kept current with modern medical procedures related to heart, stroke and cancer.

In addition through the coronary care training projects, the stroke and cancer projects, SCRMP has succeeded in improving facilities and services in the rural communities of which most are medically deprived areas.

The activities promoted by SCRMP have also served to remove much of the skepticism many of the S.C. physicians harbored about RMP and it appears SCRMP through all aspects of its program has succeeded to a large degree to have won the confidence of the various health interests of the medical community. The Medical University which prior to SCRMP was a classic example of an "ivory tower" is now extending itself through many of the projects into the hinterland. Much of the success of the program appears attributable to the leadership of past and present Program Directors, capable Core Staff, progressive RAG chairmen and the interest and dedication of the RAG membership. All are strongly motivated and appear to be contributing to the total strength of the program.

While the visitors were favorably impressed with the direction and success of the program during the initial three years of operation, they identified the following aspects of the program as areas of needed strength.

1. The program remains basically categorical and educational in nature, thereby disqualifying some of the more serious disease problems of the Region and limiting the types of imaginative projects generated for their solution.

2. The composition of the RAG is unbalanced and heavily in favor of the M.D.s and Medical Society interests. Also, there is under-representation of allied health interests.

3. While the Region's overall goals and objectives are more specific than most, there is a need for them to be identified in more specific and measurable terms or to establish more specific sub-objectives. Also, they should be more closely related to assessed needs.

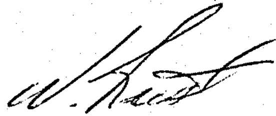
4. Core Staff has functioned to date as a catalyst to persons who have had projects they wished to have funded, not as a stimulator of projects designed to meet specific objectives.

5. While the SCRMP has taken positive steps to improve project evaluation, program evaluation needs additional strengthening beginning with measurable objectives.

6. Although rapport has been established with the OEO, Model Cities, and Appalachia Agencies, there is a need for closer working relationships and coordinated planning.

RECOMMENDATION:

1.	Approval of Core at:	$500,000
2.	Approval of project support at:	$1,127,041
3.	Approval of developmental component at:	$100,000
	Total	1,727,041



William S. Reist
Public Health Advisor
Grants Review Branch

(A Privileged Communication)
RM 00001

SITE VISIT REPORT
SOUTH CAROLINA REGIONAL MEDICAL PROGRAM
March 15-17, 1971
(Charleston, South Carolina)

SITE VISITORS

Edmund J. Lewis, M.D., RMPS (Review Committee), Site Visit Chairman
Bruce W. Everist, M.D. (National Advisory Council)
Russell Lewis, M.D. (Practicing Phys) Marshfield, Wisconsin
William Stoneman, III, M.D. (Program Coordinator) Bi-State RMP
Veronica Conley, Ph.D., Continuing Education Branch
Lyman Van Nostrand, Program Planning and Evaluation Branch
William Reist, Grants Review Branch
Theoda Griffith, Regional Representative, Region IV
Frank Nash, Regional Development Branch

SCRMP PARTICIPANTS (In Alphabetical Order)

Dr. E. Kenneth Aycock, State Health Officer, S.C. State Board of Health, Columbia
Dr. Waddy G. Baroody, Assistant Coordinator for Regions VII and VIII, and a Practicing Physician, Internist, from Florence
Dr. John P. Booker, President-Elect of the S.C. Medical Association, and a Practicing Physician from Walhalla
Mr. C.W. ("Pete") Bowman, Associate Coordinator, SCRMP Section on Medical Districts Programs Planning
Dr. Rembert O. Burgess, Chairman, Heart Disease and Stroke Committee of the RAG, a practicing physician, Internal Medicine and Cardiology, Spartanburg
Dr. James W. Colbert, Jr., Vice-President for Academic Affairs, Medical University of S. C., Chairman, Regional Advisory Group
Mr. J. Walker Coleman III, Director of Program Liaison, Planning and Evaluation Section, SCRMP
Dr. G. Preston Cone, Representative of the Medical Districts Committee, a Practicing Physician from Orangeburg
Mr. James M. Daniel, Assistant Coordinator for Regional Development, Regions IV, V and VI Columbia SCRMP Staff member
Mr. Stephen P. Dittmann, Chairman of the Dept. of Audiovisual Resources of the Medical University of S.C.
Mr. James Dorn, Assistant for Educational Communications, Section on Continuing Education, SCRMP Staff
Mr. Fred Ellison, Administrator, York General Hospital, Rock Hill, S.C.
Mrs. Esther Fields, Member at Large on the Regional Advisory Group, from Columbia, a Consumer
Mr. William B. Finlayson, Co-Chairman of the Regional Advisory Group; Administrator of the Conway Hospital, Conway, S.C. and Board Member of the S.C. Hospital Association
Mr. Luther Haynie, former member of the Regional Advisory Group, member, S.C. Chapter, The American Cancer Society, of Charleston
Mr. Robert A. Johnson, Executive Director, Appalachian Regional Health Policy and Planning Council, from Greenville

Dr. H. Parker Jones, Representative of the Medical Districts Committee, a practicing physician, Charleston
Dr. M. Tucker Laffitte, Jr., Chairman of the Cancer Committee, a practicing physician, surgeon, from Columbia
Mr. Henry M. Lee, Chairman, By-Laws and Nominations Committee of the Regional Advisory Group, Board Member of the S.C. Heart Assn, a Businessman of Greenville
Miss Anne Liss, R.N., Member, Education Committee of the RAG, Registered Nurse, of Columbia
Dr. William C. Marett, Director, Div. of Chronic Diseases of the State Board of Health, Columbia
Mr. Roger H. McCants, Program Representative, SCRMP
Dr. William Mellen McCord, President, Medical University of S.C., the Immediate Past Chairman of the Regional Advisory Group - 1966 to 1970
Dr. William C. McLain, Jr., Associate Coordinator, Section on Continuing Education, SCRMP
Mr. J. Albert McNab, President-Elect of the S.C. Hospital Association, and Administrator, Hampton General Hospital, Varnville, S.C.
Mr. M. L. Meadors, Executive Director of the S.C. Medical Association and member of the Regional Advisory Group, Florence
Mr. Marvin H. Miller, Executive Director of the S.C. Heart Association, from Columbia
Dr. Vince Moseley - SCRMP Program Coordinator
Mr. D. Kirk Oglesby, President, S.C. Hospital Association, Administrator, Anderson Memorial Hospital, from Anderson, a member of the Regional Advisory Group
Dr. Kenneth Owens, Representative of the Medical Districts Committee and the Education Committee of the RAG, a Practicing Physician, Aiken
Dr. Loren F. Parmley, Director of Medical Education, Spartanburg General Hospital, Spartanburg
Mr. Marvin J. Poliquin, Program Representative on the SCRMP Staff
Mr. Timothy A.L. Prynne, Assistant for Audiovisual Services and Educational Aids, of the Section on Continuing Education, SCRMP
Mr. Gene Shaw, Administrator for Program Analysis on the SCRMP Staff
Dr. Charles P. Summerall III, Associate Coordinator for Heart Disease and Stroke, SCRMP Staff
Mr. Howard Surface, Program Representative, SCRMP Staff
Mr. S.J. Ulmer, Director, Office of Comprehensive Health Planning, State Board of Health, Columbia
Dr. Blanche Urey, Consultant for Nursing and Allied Health Education, SCRMP Staff, faculty member of the College of Nursing, Medical University of S.C.
Dr. Keene Wallace, Acting Coordinator for Cancer and Nuclear Medicine, DCRMP Staff, Head of Dept. of Radiation Therapy, Medical University of S.C.
Mr. William J. Warlick, Executive Associate Coordinator, SCRMP Staff
Dr. C. Tucker Weston, Chairman, Medical Districts Committee of the RAG, a Practicing Physician, Orthopedic Surgery, Columbia
Mrs. Catherine Wheeler, member at large of the RAG, of Columbia

Mr. Norris Whitlock, Director for Epidemiological Studies, SCRMP Staff
Dr. Louis Wright, Jr., Vice-Chairman of the Regional Advisory Group, Practicing Physician, a Pathologist, the McLeod Infirmary, Florence, South Carolina
Mr. Charles Wyrosdick, Director of Communications, SCRMP Staff
Mr. William L. Yates, Executive Director of the S.C. Hospital Association, from Columbia, member of RAG
Mr. Robert Youngerman, Inter-Regional Representative of the RMPS, Atlanta, Ga.

BACKGROUND: The SCRMP is in its 03 operational year (8/1/70-6/30/70).
It was originally awarded $1,292,791 (d.c.) of which $456,489 was for Core support and $836,293 supported 16 projects. As a result of recent cutbacks on all Regions, SCRMP's support for the current year has been reduced to $1,162,108. Adjusted budgets have not as yet been received by RMPS.

For its 04 year the Region has submitted a Triennium Application that proposes:

I. A Developmental Component
II. The Continuation of Core and Three Ongoing Activities (#5A, #29, #31).
III. The Activation of 1 Council Approved but Unfunded Activity (#22)
IV. The Renewal of 1 Activity (#13 R)
V. The Implementation of 20 New activities (#39-#58)
VI. The Termination of 12 Activities

The Region requests $2,991,048 (d.c.) for its fourth year of operation, $2,727,436 (d.c.) for the fifth year and $2,993,955 (d.c.) for its sixth year.

Staff conducted a preliminary review of the application and identified the following as issues which needed further clarification at the time of the site visit.

1. The functioning of the large 70-member RAG.
2. The effect of the RAG's composition, with the preponderance of Medical Society and hospital interests, on the program priorities and policies.
3. The effect of the various committees' composition on program priorities and policies.
4. The specific functions of Core Staff members and their relationships to the community, Local Advisory Committees, RAG and each other.
5. The program objectives, the bases on which they were established, the time frame for achievement and the method of evaluation.
6. Clarification of the review process.
7. The evaluation processes, both project and program.

Site Visit Report Of The
South Carolina Regional Medical Program
March 16-17, 1971

AGENDA: By prior agreement the site visitors and SCRMP representatives met in plenary session the morning of the first day, then split into three groups based on the Region's major program sections: 1) Heart Disease, Stroke and Related Diseases, 2) Cancer and 3) Continuing Education. A plenary session was held the morning of the second day followed by a feedback session with the Region and an Executive Session.

OVERALL OBSERVATION: It was the feeling of the site visitors that this Region, while it has not demonstrated outstanding maturity or quality, has made substantial progress during its first three years of operation. Given the limitations of categorical diseases and traditional continuing education activities under which the first three-year operational plan was designed and initiated, the Region appears to have established a program, within its broadly stated objectives, focusing on some of the major problems of South Carolina. It has concentrated through continuing education activities to upgrade the knowledge of the rural physicians who in most instances have not kept current with modern medical procedures related to heart, cancer and stroke and who are treating a large number of disadvantaged patients. A number of the training programs have been conducted through State-Aid Heart and Cancer Clinics which have not only served to upgrade the procedures in these clinics but have also improved relationships between clinic physicians and the local practicing physicians who are now making increasing referrals to the clinics. Since the initiation of the CCU training projects in three rural hospitals, twenty-six other small hospitals have seen fit to develop CCUs. Through stroke and cancer projects SCRMP has succeeded in improving facilities and services in communities of which most are medically deprived areas. In addition the Tri-County Cervical Cancer Screening Project has served to increase the number of routine pap smears being taken by private physicians. While there have been varying degrees of effectiveness among the projects supported during the first three years of operation, the Region has been successful in establishing credibility and cooperation with the more conservative elements of the medical community and the Medical University. the site visitors felt that the Region's success in this sphere more than compensates for individual project deficiencies.

GOALS, OBJECTIVES & PRIORITIES: The program goals and objectives established for the new triennium remain basically unchanged from previous years. The visitors were disappointed to find that the foregoing are highly categorical and are implemented primarily through traditional continuing education activities. Further, the goals and objectives fail to reflect the broadening philosophies of Regional Medical Program Service. However, the visitors noted that the Region seems to be one that plays according

to the book, and probably this triennium application was being drawn together at the time when RMP was still basically limited to categorical and continuing education activities.

The visitors also considered the fact that given the reluctance with which the medical community has accepted SCRMP, it will not be rushed into accepting new and perhaps "revolutionary" philosophies. In view of this the visitors still felt the overwhelming problems of South Carolina imposed a special responsibility on SCRMP to reconsider its objectives and to make a concentrated effort in the future to redirect the program toward activities which will more directly influence patient care.

The goals, objectives and priorities do not seem to be based on a careful assessment of regional needs, but rather randomly selected by convenience and only secondarily seem to fit into a pattern. However, problems and resources do appear to be taken into account with some regularity and there has been an attempt to make them congruent with national priorities. The Region's reasoning for not setting more specific objectives was that in so doing it would limit its flexibility to initiate some important activities. Nevertheless, the visitors believed, in order to give the program certain direction, there is a need for objectives to be defined in more specific and measurable terms and set in a time-frame for accomplishment.

While the goals and objectives appear to be publicized throughout the Region primarily by RAG members and the SCRMP newsletter, the visitors had some doubt that many of the people involved in SCRMP truly know or understand them. However, with the development of the Local District Committees such communication is expected to improve.

ORGANIZATIONAL EFFECTIVENESS: Dr. Moseley, the Program Coordinator, is a personable and fairly effective individual. He has apparently served, along with Dr. Summerall, who once served as Coordinator, and Dr. McCord the past RAG Chairman, as the force drawing together the various factions of the medical community, some of which were not initially receptive to SCRMP. Dr. Moseley is highly respected by both members of the RAG, his staff, and apparently by the medical community as a whole. He appears to be providing the moderate leadership necessary to change attitudes in the South Carolina medical community without alienating some of its more conservative elements. While feeling he has been a definite asset to the program, the visitors believed there is a need for him to provide more clearly defined direction to the program and to broaden its scope through direction away from categorical and continuing education emphasis, toward solving some of the more pressing problems of South Carolina (high infant mortality, malnutrition, patient access to services, lack of motivation of uneducated to seek services).

The University or grantee organization does appear to provide adequate support and freedom from a strong policy-making role.

The RAG appears to have participation of most of the key regional groups and interests, however, it also has apparent weaknesses. The concern expressed prior to the visit, that the large 70-member RAG might be unwieldy, in itself did not appear to the visitors to be a serious problem, although some RAG members felt it should not be expanded further. The visitors' major concern was that the 24-member contingency of M.D.s representing the 10 Medical Districts of the State along with the 21 other physician representatives provides an imbalance highly in favor of the M.Ds and the Medical Society, which other members of the RAG find unfair and discouraging to work with. In private conversations certain members stated that some M.D. members only attend those meetings at which critical issues are voted on and then only at the urging of other M.D.s lobbying for certain issues or projects. A recent amendment to the by-laws, which limits consecutive absences to two, has been adopted in hopes of curtailing such practices. The visitors were not sure that this by-law might not also serve to disqualify some of the minority group members who find it a financial burden, in time lost from jobs, to consistently attend meetings.

Aside from two nurses representing the State Nurses Association, there is no other allied health representation on the RAG. The Region states that the allied health representatives will serve on the Medical District Committees and allied health input will therefore be through District Committee representatives to the RAG. The visitors thought this inadequate in that the Region's by-laws limit District Committee membership on the RAG to physicians, and thus allied health representation will always be indirect. The visitors speculated that an alternative to this problem might be to have each District Committee represented on the RAG by one physician and one member of an allied health profession.

Although there are nine Black representatives on the RAG, two of whom were present for the site visit and appeared very defensive of the program, the degree of their involvement remained unclear. The absence of a member of the Palmetto Medical, Dental, and Pharmaceutical Society (a Black organization) on the RAG , as called for by the by-laws, was defended by the Coordinator who explained numerous invitations to participate have been made, however, there has been no response. The visitors also questioned the viability of the Palmetto organization since there was some indication that it has declined since Black physicians began to be accepted into the South Carolina Medical Association. However, the team noted that SCRMP did not appear to be very knowledgeable about the Organization and that further investigation and attempts at cooperation would be in order.

The RAG appears to have some, but not strong, policy control over the program. Rather it relies heavily on the Steering Committee and the Categorical Committees for direction. These committees in turn appear highly influenced by the Associate Coordinators on Core Staff;

Charles Summerall, M.D., Heart & Stroke, Keene Wallace, M.D., Cancer and William McLain, M.D., Continuing Education. In fact it appears these three individuals along with the Coordinator provide the direction of the program.

The visitors were particularly impressed with the philosophy of the new RAG Chairman, J.W. Colbert, M.D., Vice-President of Academic Affairs at the Medical University. It appeared from his few brief statements that he envisions a change in direction for the Region. He placed priority on a clearer identification of needs and concentrated effort on specific health problems among certain identified population groups in the Region. He indicated new and imaginative approaches must be undertaken and they must relate more directly to the population being served. The visitors felt Dr. Colbert has much to offer SCRMP at a time when it needs to broaden its scope. Whether he will be successful in having SCRMP accept his philosophy is questionable and should prove interesting.

SUBREGIONALIZATION: The site visitors were for the most part favorably impressed with the Region's efforts to promote subregionalization. Under the direction of an Associate Coordinator for Medical Districts Program Planning, SCRMP has established local advisory committees in the ten CHP Medical Districts designated by the Governor. While these committees will be involved in assessing needs and identifying activity priority areas, they are only now becoming functional to the degree that they have such input. Each Committee is represented on the RAG by a minimum of two physicians appointed by the South Carolina Medical Association, a fact which, as cited before results in physician and Medical Society imbalance on the RAG. Along the same lines, the visitors believed the selection of other committee members by these appointed physicians further compounded the physician-Medical Society influence on the Program.

The visitors were pleased to learn that the two CHP (B) Agencies and the Appalachia Agency share committee representatives with the respective District Committees. However, given the newness of District Committees and the weakness of the CHP (B) Agencies nothing of significance has as yet resulted.

INVOLVEMENT OF REGIONAL RESOURCES: With few exceptions all of the Region's major resources, sparce as they are, are represented on the RAG and appear to be actively involved and committed. The large heart and cancer components make it understandable that the South Carolina Heart Association and the American Cancer Association have special interests and particular enthusiasm for the program. The South Carolina Medical Association with its large contingency on the RAG, Steering Committee, categorical committees and district committees obviously dominates the program. While the Medical University's representation on the RAG is relatively small, its influence is exerted more indirectly through the Heart and Cancer Associate Coordinators who serve part-time as Core Staff, but who are,

in fact, faculty members at the University. The University representatives appear very closely associated with the Medical Society and respective of its philosophies and supportive of its interests.

Involvement of the two CHP (B) agencies, the two Model Cities agencies and the Appalachia Program is indirect in that these organizations do not have voting representation on the RAG but are represented on the Medical Districts Committees. This arrangement the visitors felt to be questionable, in that, given the power structure as established, any impact form these agencies would be from remote positions. In this regard particular concern was expressed over what appeared to be minimal involvement of, and coordination with, the Appalachia Program which is extremely active, and has in two years time provided some 11 million dollars of health-related grant support to Medical District I.

While the nursing profession is represented by two members of the State Nurses Association, it is difficult to imagine that these individuals have much impact given the overall size of the RAG. It was the visitors' belief that in view of the Region's interest in using developmental funds to determine the feasibility of a physicians-assistant program, which might take the form of nurse-practitioners; the involvement of more nurses might be seriously considered.

Allied Health Professions representation have been non-existant in the program, a situation which the Region proposes to rectify by the inclusion of such individuals on the Medical District Committees. However, the site visitors felt that, as with Appalachia, Model Cities and CHP, the impact at this level would be lost within the power structure. They believed that given the importance of the allied health professions their impact should be more direct.

ASSESSMENT OF NEED: Like most other Regions, SCRMP's assessment of needs is not systematic and admittedly its data-base is inadequate. Program objectives and projects have been developed subjectively on what are considered apparent needs rather than on objectively assessed needs, a method which seems to have worked surprisingly well during the first three years of operation. In view of the recognized absence of resources providing data information, the Region is proposing, through the use of developmental funds, to study the need and organizational plan for the development of a Department of Community Health Services at the Medical University. One of the many functions of such a department would be to maintain pertinent health care data and provide this in suitable form to the various care and service agencies.

PROGRAM IMPLEMENTATION AND ACCOMPLISHMENTS: Core Staff appears competent and its activities have resulted in some action-oriented planning and the development of community organization at the local level. The three Associate Coordinators, have been, to date, the prime movers within their respective sections of the program; Heart, Cancer and Continuing Education. They have had significant influence in determining needs, setting and direction of the three

programs and on the types of proposals generated. Given the responsibilities these individuals have assumed in the past, it will be interesting to see how their roles will be altered once the Medical District Committees become more functional in assessing local needs and developing ideas for proposals.

The two Subregional Assistants appear less directly involved in promoting projects and play more significant roles in maintaining liaison between SCRMP and the subregional areas. They serve to coordinate and promote between health providers, cooperative activities some of which are supported by SCRMP and others not.

Project surveillance is carries out through the Director of Program Liaison and Planning and Evaluation and his staff of four Program Representatives. While project surveillance and evaluation in the past has been admittedly weak, due to the original projects not having built-in measurable objectives, steps have been taken whereby the project directors, with the assistance of the Liaison, Planning and Evaluation Staff, now include evaluation mechanisms in each project as it is being drafted. The project director and staff will then evaluate quarterly the achievements of the individual projects and annual evaluations will be submitted to the RAG.

Program evaluation, like project evaluation, suffers from non-specific, immeasurable program objectives. However, unlike project evaluation, no attempts have been made to identify objectives in terms which can be monitored. The absence of specifically stated objectives, not only creates a problem for Staff in evaluation, but also provides poor guidelines for Staff involved in promoting related activities and confusion for potential project sponsors.

OPERATIONAL PROJECTS: The visitors felt that while the projects conducted during the first three years were of less than high quality and only moderately productive, they had had significant impact on health in the State and demonstrated an ability to promote interest within the ten subregions. They also served to provide linkages between institutions, the most significant being between the Medical University and outlying hospitals, clinics and physicians, thorugh these projects much of the skepticism many of the South Carolina physicians harbored about SCRMP has been removed and the confidence of the various health interests of the medical community has been won.

The projects which represent the program for the next three years are basically the same quality and designed along the same lines as those of the first three years, categorical and continuing education, and they relate to the overall objectives in the same manner.

The visitors had difficulty understanding the high priority given some projects. They did not feel, one project in particular, #51- A Program for Continuing Education for Health Professionals and Allied Health Personnel (which is a T.V. production and broadcast type activity on the campus of the University), could justify its high-priority ranking when considered

against the grave health needs of the Region. While the visitors recognized Regions now have responsibility for the technical review and priority-setting of their projects, they believed SCRMP should be made aware of these concerns and encouraged to reconsider the value of this project in view of South Carolina's more serious needs.

The visitors believed Project #52 - Health Manpower to be in direct conflict with current RMPS policy, which states that RMP funds are not to be used for direct operational grant support of Health Careers Recruitment projects.

DEVELOPMENTAL COMPONENT: The Coordinator identified the same ideas for use of developmental funds as are outlined in the application, which were: to study the needs and organizational plan for a Department of Community Health Sciences at the Medical University, to conduct studies with applicant hospitals as to ways by which the strengthening of community hospitals can be achieved through regional planning for services, and to conduct studies as to the regional needs in respect to specific aids in the promotion of health care and services, such as: 1) Physicians Assistant Training Programs, 2) Improved Patient Chart and Record Methods, 3) Computerized Patient Records, 4) Health Services Directories.

The visitors were satisfied that the proposals for use of developmental funds are sound and will serve to advance the SCRMP and health care in the Region. Although some concern was expressed that developmental funds would be used in the actual establishment of the Department of Community Health Sciences, Dr. Mosely assured the visitors this was not the case and such funds would be used only for study and planning purposes.

READINESS FOR DECENTRALIZED REVIEW PROCESS: In terms of the proposed requirements or standards that a Region's review process must meet before project review authority will be decentralized to it, South Carolina seems to have organized a generally well-balanced and comprehensive review process. It generally includes provision for determining (1) the technical adequacy of proposed operational projects and (2) which proposed activities are to be funded within the total amount made available to the Region.

Review Criteria and Program Priorities - The Region has developed what it calls a "Priority Appraisal Checklist," which reflects both national and regional objectives. It includes a section on background (e.g., extent of current deficiency, existing resources); objectives (e.g., nature of target population, extent to which it will affect efficiency, and accessibility); implementation and methods such as degree of regionalization involved; and finally potential effectiveness and continuation, which tries to measure plans for evaluation, prospects for continuing support, etc.

Staff Assistance, Review and Surveillance - There seems to be a good deal of staff assistance in developing projects and moving them through the

review process, although it was felt that the core staff could play more of an advocate role in developing projects to meet overall RMP priorities, as opposed to providing assistance to those projects being developed by institutions in the Region. In terms of surveillance, a quarterly project progress report has been attempted in the past, but the core staff admitted there was a need for stronger surveillance and a greater effort to get an evaluation component into the project at the very beginning, so that progress could be continually measured.

CHP Review and Comment - South Carolina seems to be one of the first regions to have complied with the new policy statement requiring CHP review of RMP applications. Appropriate portions of the application were sent to both the State CHP agency and some 5 Areawide CHP or regional development agencies for comment. There seems to be a good relationship between the RMP Local District Committees and the CHP Health Planning Councils, with shared RMP-CHP membership on the committees which have been established in most of the 10 districts.

Sub-regional and Technical Review Structure - There are essentially three levels of review before projects reach the Executive Committee and the RAG. These are the 10 SCRMP Medical District Committees, which review and promote projects in terms of overall local needs and priorities, the four technical review committees; namely,the Heart and Stroke Committee, Cancer Committee, Related Disease Committee, and the Education Committee, which review the projects in terms of both technical merit and committee priorities, and the core staff review. Both the technical review committees and the core staff review make use of the "Priority Appraisal Checklist," as well as specific committee priorities, so that all projects are ranked for any given round of review.

RAG Ranking and Funding Determinations - The South Carolina RMP has established a process whereby committee and staff reviews are coordinated into a final RAG list of project priorities. The Executive Committee receives the reports and recommendations of (1) the medical district committees, (2) the technical review committees, and (3) the core staff. The Committee attempts to coordinate the rankings of the three groups, creating a mix of projects that provide program balance, followed by presentation to the RAg for discussion and decision.

Feedback and Appeal Procedure - Although a technical review committee or the Executive Committee can give a project a low priority, only the Regional Advisory Group can disapprove a project and as such is the final arbiter. The opportunity is provided for an applicant to discuss the proposal at a number of points along the review process, including the technical committees, core staff, or the Executive Committee. If a low priority is given by these committees, the applicant can appeal to the RAG. Feedback includes either reasons for receiving low priority considerations, or changes that should be made in the project to make it more consistent with overall regional objectives and priorities.

FEEDBACK TO REGION: At the conclusion of the visit, the chairman of the team met with Dr. Mosely and other SCRMP representatives and identified the following aspects of the program as areas of needed strength:

1. The program remains basically categorical and educational in nature, thereby disqualifying some of the more serious disease problems of the Region and limiting the types of imaginative projects generated for their solution.

2. The composition of the RAG is unbalanced and heavily in favor of the M.D.s and Medical Society interests. Also there is under-representation of allied health interests and the Palmetto Medical Society.

3. While the Region's overall goals and objectives are more specific than most, there is a need for them to be identified in more specific and measurable terms or to establish more specific sub-objectives. Also, they should be more closely related to "assessed needs".

4. Core Staff has functioned to date as a catalyst to persons who have had projects they wished to have funded, not as a stimulator of projects designed to meet specific objectives.

5. While the SCRMP has taken positive steps to improve project evaluation, program evaluation needs additional strengthening beginning with measurable objectives.

6. Although rapport has been established with OEO, Model Cities, and Appalachia Agencies, there is a need for closer working relationships and coordinated planning.

RECOMMENDATIONS: The visitors concluded the South Carolina RMP is ready for triennium review and developmental support. The following support is recommended for each of three years.

1. Approval of Core at:	$500,000
2. Approval of project support at:	$1,127,041
3. Approval of developmental component at:	$100,000
	$1,727,041

Project #52 - Health Manpower is in direct conflict with current RMPS policy and inappropriate for RMPS support.

GRB/RMPS
4/19/71

SUSQUEHANNA VALLEY

Summary

Table of Contents

Introduction and List of Issues p. 1
Funding History p. 2
Geography and Demography p. 2
Regional Development p. 2
Regional Objectives p. 4
Organizational Structure and Processes p. 4
Present Application p. 5
Organizational Chart p. 12
Staff Review of Non-Competing Continuation Application p. 13
Correspondence Regarding Withdrawal of Project #26 p. 16
Project Component Analysis p. 17
Budget Breakouts p. 18
Summary of Previous Review by Committee and Council p. 23

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD APPLICATION
(A Privileged Communication)

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM
3806 Market Street, P. O. Box 541
Camp Hill, Pennsylvania 17011

RM 00059 2/71.1 (AR-1-CDS)
January 1971 Review Committee
Revised for April 1971
Review Committee

Program Coordinator: Richard B. McKenzie

This Region is currently funded at $671,997 (direct costs) for its third operational year ending March 31, 1971. Indirect costs amounted to $154,402 or 22.9% of direct costs. The Region submits an Anniversary Review Application that proposes the following:

1. A Developmental Component
2. The continuation of core and three ongoing projects
3. The activation of four Council approved but unfunded activities
4. The renewal of one activity
5. The implementation of seven new activities
6. The termination of six activities

The Region requests $2,111,389 for its third year of operation, $1,560,035 for its fourth year of operation, $1,575,425 for its fifth year of operation. A breakout chart identifying the components for each of the three years can be found at the end of the summary.

A site visit is planned for this Region, and staff's preliminary review of the application has identified several issues for the site visit team's consideration:

1. The changes in the regional decision-making process which have led to a shift in program emphasis from primarily a coronary care-centered program to a more comprehensive one.

2. progress in determining goals and objectives and in setting priorities.

3. progress in developing regional planning capabilities, both on core staff and at the task force and RAG level, as contrasted with to present practices in planning on a community by community basis.

4. the degree of control maintained on the program by the Pennsylvania Medical Society, which serves as grantee agency.

5. changes in the relationship with the Hershey Medical School.

6. improvement in the relationship between core staff and the Regional Advisory Group.

7. the extent to which the Region has utilized consultants in technical and specialty areas from within and outside the Region to supplement the efforts of the completely lay staff.

8. the viability of the newly revised review process.

These issues are discussed in further detail in the summary, the attached staff memo and in Committee's January 1971 critique of the application for Council (blue sheet).

FUNDING HISTORY

Planning Stage

Grant Year	Period	Funding (d.c.o.)
01	6/1/67-5/31/68	$253,530
02	6/1/68-3/31/69	250,056

Operational Program

Grant Year	Period	Council approved	Funded d.c.o.	Future Commitment
01	4/1/69-3/31/70	$698,052	$532,444 1/	
02	4/1/70-3/31/71	666,495	671,997 2/	
03	4/1/71-3/31/72	695,333		545,915
04	4/1/72-3/31/73	650,075		497,644
05	4/1/73-3/31/74	483,294		

1/ Represents 75% funding of projects

2/ Includes $124,390 in carryover

Geography and Demography

This Region consists of 27 counties in the central corridor of Pennsylvania bordering on Maryland in the south and New York in the north and separated from the Western Pennsylvania and Greater Delaware Valley RMPs by mountainous terrain. The total population of the Region is projected to be 2,323,751 (1970 Census). Much of this population is centered around the three urban areas, but the Region also contains large rural and forest areas with low population concentrations and underdeveloped facilities.

The Milton S. Hershey Medical Center of the Pennsylvania State University was established in 1963. The first class was enrolled in 1967; the present enrollment is 147. The Region also has 55 hospitals. It is served by 1,776 M.D.'s and 218 D.O.'s. There are 8,909 active nurses.

Regional Development

In 1966 the Susquehanna Valley Committee on Heart Disease, Cancer and Stroke, presided over by the President of the Pennsylvania Medical Society (PMS), met to plan an RMP for the central Pennsylvania Region. The first planning grant, submitted by the PMS, was approved in June 1967 pending clarification of the role of the new medical school, the state health department and administrative and staffing patterns, and assurance of

allied health involvement. The Executive Director of the PMS, Mr. McKenzie, was appointed Coordinator in August 1967.

During the second planning year, the Region encountered a number of problems with the completely lay Core staff and the grantee agency, which considered the RMP Core staff as another branch of the PMS. There was strong sentiment among Core staff regarding the degree of control the PMS maintained over routine office matters and the relatively low salary scale. Several staff members resigned as a result. There was also some confusion about the relationship between the RAG and the PMS Board. A management consulting firm was retained to study the entire program and recommended certain staffing changes, some of which have gone into effect.

The Region began work on its initial operational application which would contain five coronary care unit proposals and a request to train coronary care unit nurses. A site visit was held in December 1968. The visitors recommended operational status to convince the local physicians that RMP would actually help them improve patient care. While leadership from the RAG was slow in developing, the Region had an impressive amount of physician involvement at the grass roots level through the Area Committee structure. In fact, the bywords for the SVRMP in these early days became "grass roots involvement" and "coronary care." Council approved the Region's request with the understanding that the CCU projects were pilot projects for the Region with evaluation of the results before additional projects are funded and with the stipulation that 50 percent of the equipment funds be made available for physician training. Shortly afterwards three more pbroposals were submitted, approved and funded. They were a stroke care unit, a home health care project and a regional medical information service.

New projects submitted during the second year, however, continued to emphasize coronary care. Reviewers found them, on the whole, to be a disparate group of projects, attacking the problems of coronary care in an isolated fashion. They disapproved the projects and recommended that the Region establish an overall plan involving greater coordination, cooperation and consolidation. Core and the coronary care training proposal at the Geisinger Medical Center were renewed.

A site visit held in February 1970 reviewed the overall progress of the Region and four new projects. They concluded that the Region should:

1) consider broadening the base of its grantee agency to insure that all appropriate groups feel represented. A change to a nonprofit corporation was seen as a possible solution;

2) utilize consultants from both inside and outside the Region to improve efforts in data gathering and epidemiology;

3) appoint a liaison member of the Hershey Medical School faculty part-time to the RMP staff to both improve relations with the new medical school and involve physicians on Core staff;

4) while continuing to encourage grass roots involvement, devote more attention to developing a regional decision-making process which

selects projects on the basis of a regional plan, rather than just on a community's needs.

Projects funded during this past year include:

1) an extension of the original five CCU's with carryover funds for an additional year,
2) the CCU nurse training project,
3) the second year of the SVRMP library information service,
4) project #7, the Stroke Care Unit and #8, the Home Health Service, out of carryover, and
5) projects #16, the Radiological Health Training Program and #17, Columbia-Montour Home Health Services. Projects #18, a Rheumatic Fever Control Program, and #19, a CPR project were approved but unfunded.

The Region submitted one further application during its second operational year. Only the Enterostomal Training Program and the CPR and CVA Transport Vehicle, York, were approved. Council requested additional information on the CCU Nurse Training Program at the Altoona Hospital before it could be approved (this information has been received and will be forwarded to the February 1971 Council). The remaining four projects, including an emphysema program, a stroke rehabilitation and training program, a cartridge viewing system pilot project and a supervisory CCU nurse training program, were turned down.

The Region's present level of funding for its second operational year is $667,997.

Regional Objectives

The SVRMP frankly admits that its centralized program planning to date represents a disconcerted effort and that the Region does not have a specific plan which details specific objectives that result in specific applications. Interest in the past has happened to center on heart disease and coronary units.

At its fall 1970 meeting, the RAG established formal goals which set the stage for development of primary goals and specific objectives.

The primary goal is to "improve the quality of patient care working with and through the providers of health care as they function in the existing health care system; and by influencing the present arrangements for health services and by concentrating maximum effort on those activities which have the highest local, regional and national priorities."

The primary goal is approached through specific goals in three basis areas--organization, strategy and program.

Organizational Structure and Processes

The SVRMP has organized a 30-member RAG, with representatives from each of the four Areas and from various health organizations and institutions of the Region. The RAG has Executive, By-Laws and Nominating Committees and

is in the process of selecting Planning and Evaluation Committees. The RMP has divided the Region into four Areas, each of which is served by a Committee ranging from 60 to 135 members. Each Committee has appointed subcommittees to serve as study groups and an Executive Committee. To provide review and planning at the regional level in specific functions, Councils (formerly Task Forces) have been established in the categorical areas, as well as in Facilities and Services and Continuing Education. Each Council also sets goals and objectives in its respective interest.

The review procedure consists of the following steps:

1. Consideration by the volunteer Area Committees through their Executive Committee and specialized subcommittees.

2. Consideration by the members of categorical councils who supply specialized professional technical review on a regional scale.

3. Consideration of the relevance of the proposal to regional goals and objectives by the RAG.

At each step, staff members provide administrative assistance. Formal review procedures, including a set of criteria and a numerical ranking system, which assigns all new projects a priority number, have been devised for the RAG. Plans are underway to develop a similar system for the Councils and Area Committees.

PRESENT APPLICATION:

Developmental Component $54,596

Activities initiated through developmental component funding "will seek to improve the quality of patient care by working with and through the providers of health care as they function in the existing health care system, by influencing the present arrangements for health care services, and by concentrating maximum effort on these activities which have the highest local, regional and national priorities." An example might be an exploration of appropriate methods and means for developing improved patient care techniques and systems in kidney disease prevention and control.

The review mechanism described under organizational structure and processes above will apply to the developmental component as well.

$54,596 $54,596

Continuation Component

These components have been reviewed by staff. Their program and funding recommendations are in a supplementary memo.

Core $469,700

The SVRMP Core staff is completely lay. Its Coordinator was the former Executive Director of the Pennsylvania Medical Society, which serves as the grantee agency. An organizational chart for Core staff is attached to the summary. The functions can be briefly defined as follows:

1. Technical Services - plans, establishes and directs the technical services for: applications development, grants management, research and evaluation services, development and operation of library activities and general office management.

2. Communications - directs the production of communications material and provides liaison with the news media.

3. Program Development - provides staff services to committees, councils and planning groups, coordinates educational activities and programs, assists with the establishment of regional goals, objectives and priorities, and provides personnel recruitment services for staffing. In addition, Field Services are included in this branch. A field representative is assigned to each of the four Areas to provide regional coordination and staff services to all volunteer committees and groups in the Region. With the assistance of the field representatives, various Area Committees or subcommittees have developed standards for coronary care, sponsored a cancer detection clinic survey and conducted a cancer incidence and mortality survey.

The SVRMP Core budget last year included funds for "program related activities." These are funds in the magnitude of $50,000, which the Region used for various purposes, such as to conduct pilot studies of various proposed project activities, hold conferences, and supply educational materials to health professionals. Types of activities for which these funds will be used next year include a conference for regional directors of coronary care units, an audio-tape cassette scientific program service, data collection and a consultation program for tumor clinics and tumor registries.

The budget for 1971-72 includes funds for 25 full-time positions, 22 of which have been filled. The new positions would be a Systems Coordinator, Nursing Specialist and receptionist.

Continuation support in the amount of $76,215 is also requested for three projects:

#9 - SVRMP Information Service
#16 - Radiological Health Training Program
#17 - Columbia-Montour Home Health Services

Renewal Projects

3rd Year

Project #6R - Coronary Care Nurses' Training Program, Geisinger Medical Center. The Geisinger Medical Center will conduct $29,425

four, four-week coronary care courses per year. Each class will admit ten trainees, who are principally recent diploma graduate nurses. The curriculum includes lectures, laboratory work, and clinical experience in special nursing techniques for the cardiac patient.

Community hospitals throughout the Susquehanna Valley Region, as well as border areas, may use this training program to staff their coronary care units with qualified nurses.

This project was submitted with the Region's initial operational application and applied for and received one-year renewal support last year. Since its inception, it has trained 42 nurses.

Fourth Year
$31,551

Approved but Unfunded Projects

These projects have been previously approved by Council, but due to national funding constraints, have not been funded. Committee and Council considerations of these projects is needed in determining an overall funding level for the Region for the next year and not for approval of the activities.

1st Year
$75,217

Project #18 - Rheumatic Fever Control Program. This project will impress upon physicians and the public the necessity for throat cultures in diagnosing streptococcal infections. Hospitals and physicians in 16 of the Region's 27 counties will receive free throat culture kits. The kits will be used on people between the ages of two and forty-five who have upper respiratory infection or a sore throat.

The participating hospitals will interpret the cultures and send reports to the attending physicians. The physicians will follow-up with appropriate treatment.

Although this project involves the demonstration of patient care, the aspects of continuing education are also present.

In addition, the promotional efforts of the Heart Association, who will participate in the program, will increase the public's awareness of the value of the procedure.

Second Year
$64,417

1st Year
$16,693

Project #19 - Cardiopulmonary Resuscitation Training. Sponsored by the Heart Association, the purpose of this project is to establish an emergency cardiopulmonary resuscitation team in every hospital in the Susquehanna Valley Region.

First, the Instructor's Training Center at the Harrisburg Hospital will be expanded to include a special training course in emergency cardio-pulmonary resuscitation. Each year, teams from 18 hospitals will complete this course. Then, using the organizational framework of the Pennsylvania Heart Association and its chapters, these newly trained teams will train other hospital teams.

The wide geographical distribution of emergency teams will be ideal for training local ambulance crews, rescue squads, and other health personnel throughout the Region.

Second Year	Third Year
$15,481	$16,066

Project #21 - Enterostomal Therapy Training. The Harrisburg Hospital will conduct twelve, four-week courses in enterostomal therapy per year. One student will be trained in each course.

1st Year
$9,934

Training will include bedside instruction and practice, medical lectures, technical lectures, and conferences.

The graduate therapists will be able to provide patients with stomal care and management, thereby freeing nurses and physicians for other work. In addition, the therapists will instruct patients in self-care and teach allied health personnel the principles of stomal management.

Second Year	Third Year
$10,439	$10,920

Project #25 - Altoona Hospital Training Program for Coronary Care Nurses. This project will provide four, four-week coronary care training programs per year to primarily registered nurses from the Appalachian-Highland Area. Training will consist of didactic lectures and clinical experience in the hospital's classrooms, and will be taught by its physicians and nurses. Consultants from other areas will be called in to teach special subjects. Each program will teach nurses the use of monitoring equipment, defibrillators, and EKG interpretation, as well as specialized nursing skills required for high quality cardiac care.

1st Year
$59,873

The program is expected to become self-sustaining in the third year through tuition fees and the voluntary teaching and supervisory services of the professionals.

Second year - $59,873

New Projects

Project #27 - Nurse Dial Access, Robert Packer Hospital, Sayre, Pennsylvania. Dial Access for Nurses will cover Central New York State and the entire state of Pennsylvania. It is a special telephone information system for RN's, LPN's, student nurses, and others -- particularly those practicing in an isolated setting -- who do not have the resources available for their continuing education. Available on an around-

1st Year
$29,969

the-clock basis from any telephone, it provides the caller with free, five-to-six minute taped messages on a variety of subjects, such as (1) nursing care for specific conditions, (2) new procedures and equipment, (3) availability of community resources, (4) nursing care in emergency situations, and (5) legal aspects of nursing situations.

The Central New York RMP is presently funding a Physician Dial Access program out of the Sayre Hospital. SVRMP Core funds are being used to extend coverage of the physician program to their Region.

Second Year	Third Year
$29,453	$30,224

1st Year
$294,470

Project #28 - Automated Computer-Assisted Analysis of the EEG, Pennsylvania State University. Four participating hospitals, located in three areas of the Region, will send computerized EEG signals to Penn State's Hybrid Computer Laboratory. The information will be interpreted by computer at Penn State and the diagnosis returned to the sending hospitals. Each computer diagnosis will be compared to the physician's final diagnosis. The purpose of this project is to install and further develop this computerized EEG system, and at the same time, determine the feasibility of providing all hospitals throughout the Region with rapid and valid electroencephalogram interpretation service.

Since January 1968, the Geisinger Medical Center and the Pennsylvania State University have been conducting research on automatic computer analysis of EEGs.

Second Year
$82,062

1st Year
$300,186

Project #29 - Computerized EKG Pilot Program. This project would establish a computerized EKG transmission and analysis system which would link 13 hospitals in a 27-county area to a computer center at Harrisburg Hospital. EKG's would be transmitted to the center, processed and the interpretation transmitted to the originating hospital. A formal training program, conducted by a cardiologist from the Hershey Medical Center is planned for physicians and technicians involved in the project. The project resulted from a pilot program at the Harrisburg Hospital.

Second Year	Third Year
$300,186	$300,186

1st Year
$106,128

Project #30 - Coordinated Home Care Program of Lancaster County. The Coordinated Home Care Agency of Lancaster County will arrange quality medical, nursing, social, and related services for patients in their homes. The central administrative Coordinated Home Care Agency will:

1. Coordinate community resources in the delivery of optimum home health care services.

2. Act as the one source of referral for the physicians.

3. Serve as a center for comprehensive planning, evaluation, and followup of home care services.

4. Act as an information service for physicians, patients, participating agencies, and the public.

5. Hold periodic joint conferences with physicians, other professional or allied persons, and consumers of service to determine how effectively the program is functioning.

Second Year	Third Year
$106,367	$115,400

1st Year
$145,630

Project #31 - Family and Community Health Service Program, Lancaster General Hospital. The main objective of the Family Health Service Program is to deliver comprehensive family-oriented, primary health care as part of a community hospital. The new system also seeks to create a structure which casts a physician as a health advocate for his patient. Home health aides will be used to provide health education and develop communication with the clients. Residents of the low income areas will serve on a board to review and analyze the effectiveness of the delivery system, which includes Family Practice Residents and Nurse Practitioners.

Second Year	Third Year
$145,724	$159,086

1st Year
$296,178

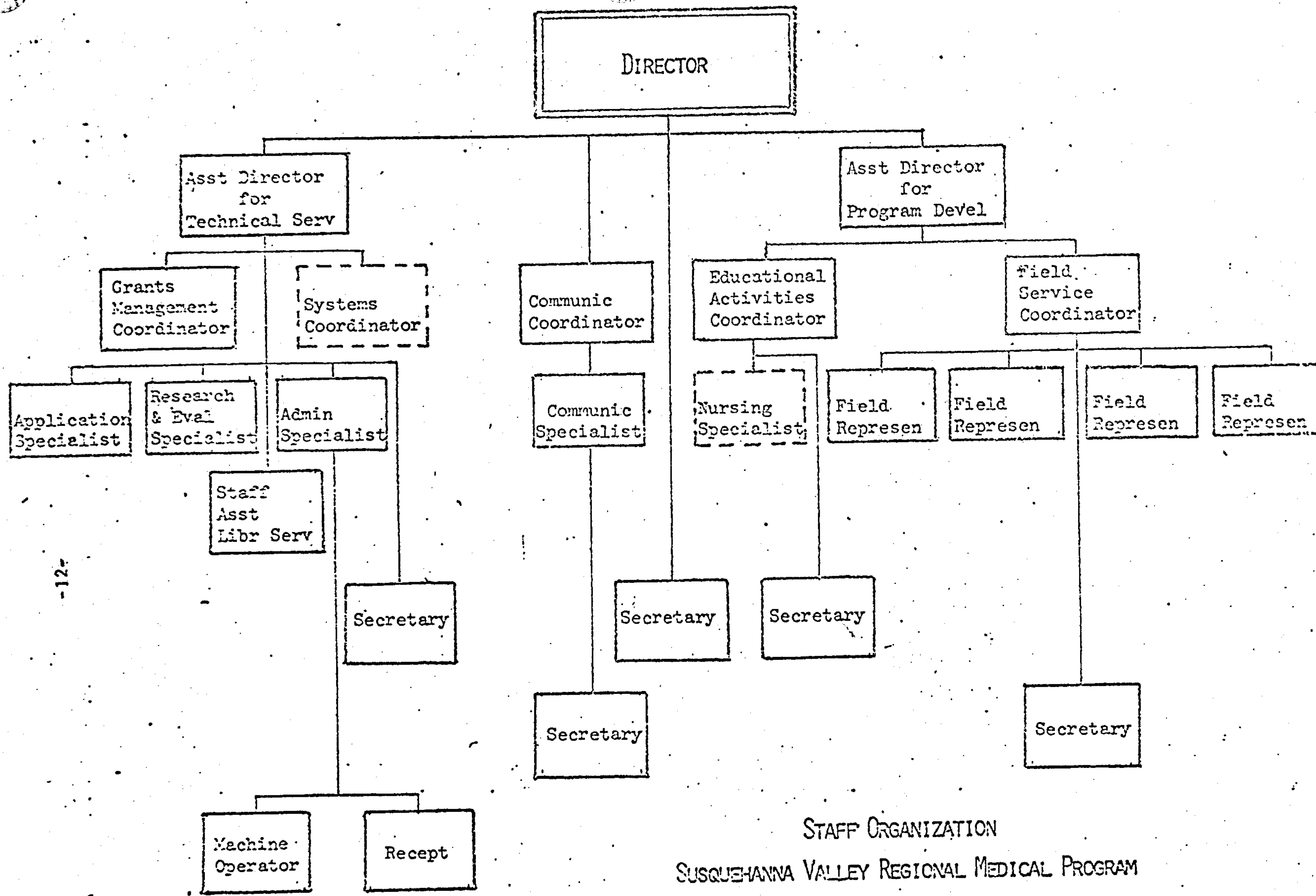
Project #32 - Central Pennsylvania Cancer Education and Treatment Center, Altoona Hospital. This project will provide physical facilities, equipment, and personnel to conduct a cancer education and treatment center. It will utilize cobalt therapy, deep therapy, and isotopes for diagnosis and therapy and provide a firm basis for continuing education for physicians in cancer detection and treatment. It will also provide a super-voltage facility in an area geographically and economically separated from the nearest similar facility by more than 50 miles, as well as allow for continuity of treatment, detection of recurrences, and new primary tumors, while maintaining identity with the patient's personal physician. The Region's Ad Hoc Committee on Radiation Therapy, which is studying the Region's radiation therapy resources, has reviewed the project and endorses the need for a facility in Altoona.

Second Year	Third Year
$202,075	$210,050

1st Year
$147,175

Project #33 - Hamilton Health Center. The Hamilton Health Center, Inc., a nonprofit organization directed by a group of consumers and representatives of providers of health care, request support to establish a comprehensive health care system in a disadvantaged area of Harrisburg. The neighborhood health center will be served by a family health team, which includes community health aides recruited from the neighborhood.

Second Year	Third Year
$457,811	$678,897



STAFF ORGANIZATION
SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: December 23, 1970

Reply to Attn of:

Subject: Staff Review of Non-Competing Continuation Application from the Susquehanna Valley Regional Medical Program, 5 G03 RM 00059

To: Acting Director
Regional Medical Programs Service

Thru: Chairman of the Month

Acting Chief, Regional Development Branch

Chief, Grants Management Branch

Acting Chief, Grants Review Branch

The Susquehanna Valley Regional Medical Program is requesting continuation support for its 03 operational year for core and three projects. Since Susquehanna Valley's budget year does not start until April 1, 1971, and the 45-day estimate of expenditures is not due until mid-February, requests for use of carryover funds have not been included in the present application. Therefore, the discussion was limited to general program issues and the following continuation request.

Continuation Requested	Amount
Core	$469,700
Project #9, SVRMP Information Service	45,614
Project #16, Radiological Health Training Program	17,501
Project #17, Columbia-Montour Home Health Services	13,100
Total	$545,915

Besides the continuation request, the Region has included in its AR application, a request for a developmental component, funding of four approved but unfunded projects, a renewal and seven new projects. The Region was supported by a funding level of $671,997 during the 02 year.

Recommendation: Approval of the committed amount of $545,915 for core and three projects.

The following staff members attended the December 17 meeting:

Miss Dona Houseal, GRB
Mr. Dale Robertson, RDB
Mr. George Hinkle, GMB
Miss Mary Asdell, CEB
Mrs. Patricia Mullins, PEB
Miss Loretta Brown, PEB

General Comments

Staff was pleased with this Region's progress during the past year. While this Region is only beginning to deal with the setting of more specific goals and objectives and is just starting to collect needed data, its efforts in coping with some of the problems identified by the site visitors and reviewers last year were encouraging:

1. The evaluation reports by a physician consultant of the five terminating coronary care projects, which have been sorely needed, have been included in the application. The evaluation reports included with the termination reports appeared thorough and the criteria developed should prove valuable to the other non-RMP funded units developed around the Region.

2. The SVRMP core staff including the Coordinator is completely lay. While this type of core can function with imagination and work very capably, in the past this has not always been the case. Several kinds of capabilities were missing from the staff and this weakened the program. For example, the continuing education segment has been marked by fragmentation and a lack of awareness of what has been done elsewhere. Some of this may be solved by getting outside consultation (to be discussed below), but Core staff is also adding needed expertise in continuing education and allied health. A program development director, systems coordinator and a research and evaluation specialist are also being employed. Problems with the Regional Advisory Group caused by poor communications have prompted the staff to spend more time personally advising the RAC members of SVRMP activities and changing the presentation of written material going before the RAG.

3. As a result of site visit recommendations in February 1970, the Region has sought consultation in planning. A group including Marshall Raffel, Penn State University; Dr. Joel Nobel, Emergency Care Research Institute; as well as state health department and Bucknell University personnel was called together to advise on the structure and composition of a proposed Planning Committee. There is also evidence that the Region has sought outside expertise in various technical areas.

4. The review process is being strengthened. Formal review procedures including a set of criteria and a numerical ranking system which gives

all new projects a priority number, have been devised for the RAG. Plans are underway to develop a similar system for the Councils and Area Committees.

5. The relationship between the RMP and the grantee agency, the Pennsylvania Medical Society, has improved slightly. The Medical Society still considers the RMP as a branch of their organization and maintains a degree of control consistent with this concept. Discussions have been held with the RMP and grantee agency concerning the establishment of a nonprofit corporation, but at the present its establishment seems a long way off,

Conclusion: Approval of the committed amount of $545,915 is recommended for the Region's third operational year.

Dona E. Houseal
Public Health Advisor
Grants Review Branch

Action by Director Approval

Initials HM

Date 12/24/70

January 4, 1971

Mr. Dale Robertson
Programs Assistance Branch
Regional Medical Programs Service
Health Services and Mental Health Administration
Parklawn Building, Room 15
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dale:

This is to officially inform you that we are withdrawing Project No. 26, Cardio-Pulmonary and CVA Transport Vehicle. The reasons for this withdrawal is explained in the letter from the applicant, Robert L. Evans, M.D., which is enclosed with this letter. We are pleased with the honest evaluation offered by this institution and, therefore, must concur with the request.

Although Project No. 26 has already been approved by the National Advisory Council, it should no longer be considered a part of our request for funding in our Annual Application submitted November 1, 1970.

Sincerely yours,

Richard B. McKenzie
Director

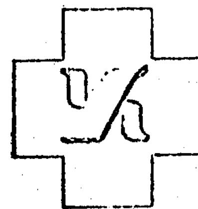
RBM:jz

Enclosure

cc: Miss Dona Houseal
Mr. George Hinkle
Mr. Clyde Couchman

DEPARTMENT OF MEDICAL EDUCATION

ROBERT L. EVANS, M.D.—DIRECTOR
LEON P. ANDREWS, M.D.—ASSOCIATE DIRECTOR
CHARLES M. REILLY, M.D.—PEDIATRICS
DAVID M. SHEARER, M.D.—INTERNAL MEDICINE
THOMAS M. HART, M.D.—FAMILY PRACTICE
DAVID J. JONES, M.D.—COMMUNITY MEDICINE



DEC 29 1970

WORK COPY

YORK HOSPITAL

December 24, 1970

Mr. Richard B. McKenzie
Director, Susquehanna Valley
  Regional Medical Program
1104 Fernwood Avenue
Camp Hill, Pennsylvania 17011

Dear Mr. McKenzie:

In reviewing our application for "A Cardio-Pulmonary and CVA Treatment Vehicle", it is our understanding that this application has been approved, and is awaiting funding through the appropriations bill recently passed by Congress.

The original application for this project was made over two and one half years ago, when it was designed as a feasibility study directed at special services to patients suffering from coronary and cerebro-vascular problems. In the intervening time, it has been shown repeatedly, both in the United States, and abroad, that this service has questionable justification. It is probably neither financially or professionally efficient, as first thought, nor a good use of over $200,000.00.

Although we realize that this project has been approved for funding, and will be funded, we should like to withdraw our application. We simply do not feel that the project is, at this time, a justifiable use of tax dollars with reasonable chance of productivity for our people.

We hope you will understand and agree with our decision, and that we may work together in the future on a more productive application.

With warm best wishes for the Holiday season,

Sincerely yours,

Bob Evans

Robert L. Evans, M. D.
Vice President - Medical Affairs

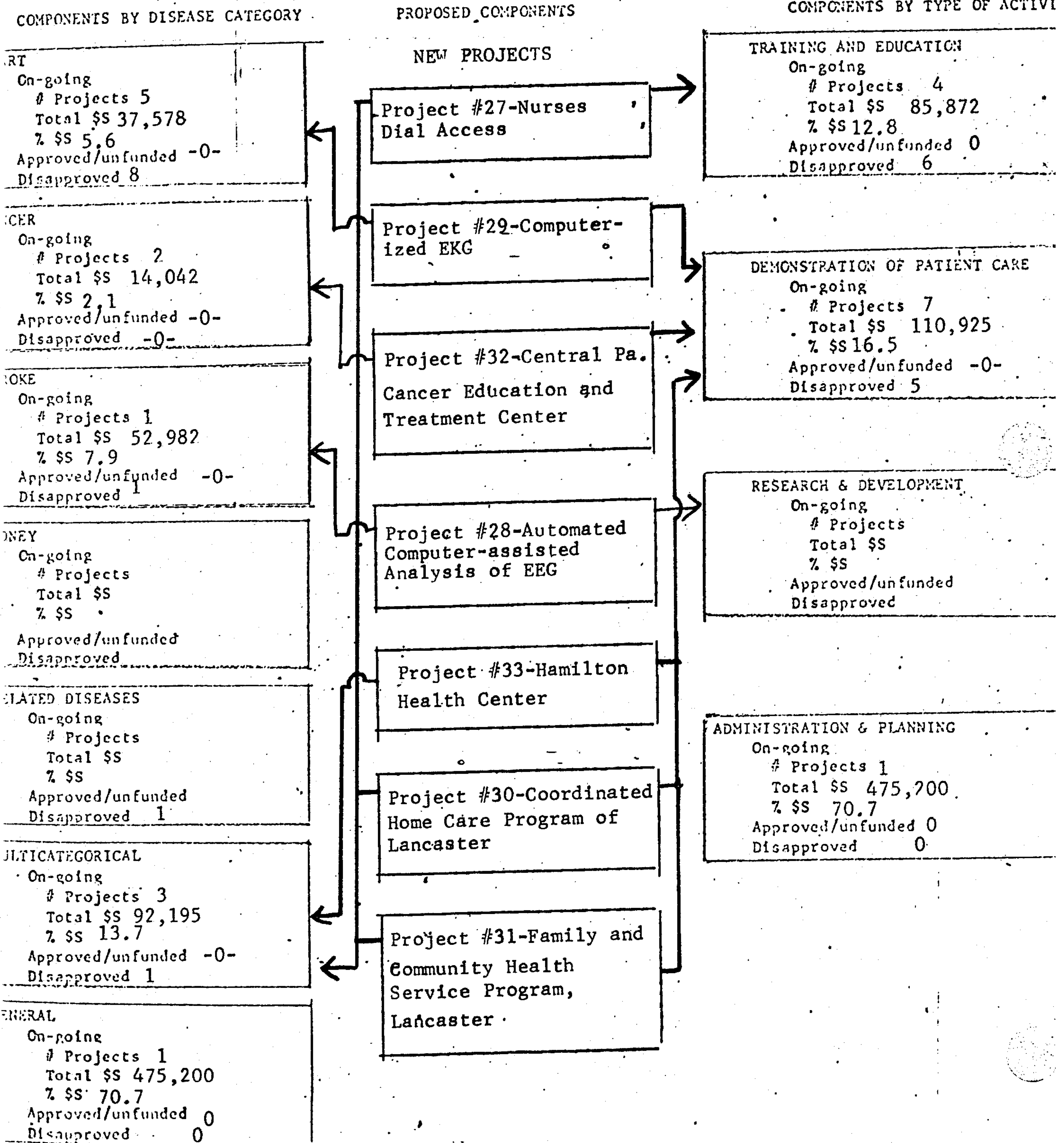
RLE:njh

cc: Ellsworth Browneller, M. D., Secretary of Health
    Harold Margules, M. D., Acting Director DRMP

Region Susquehanna Valley

Program Funding:
Approved for Current Year--------------$ 666,495
Operating level in Current Year
(includes funds carried forward)-------$ 671,997
Recommended Commitment for next year---$ 545,915

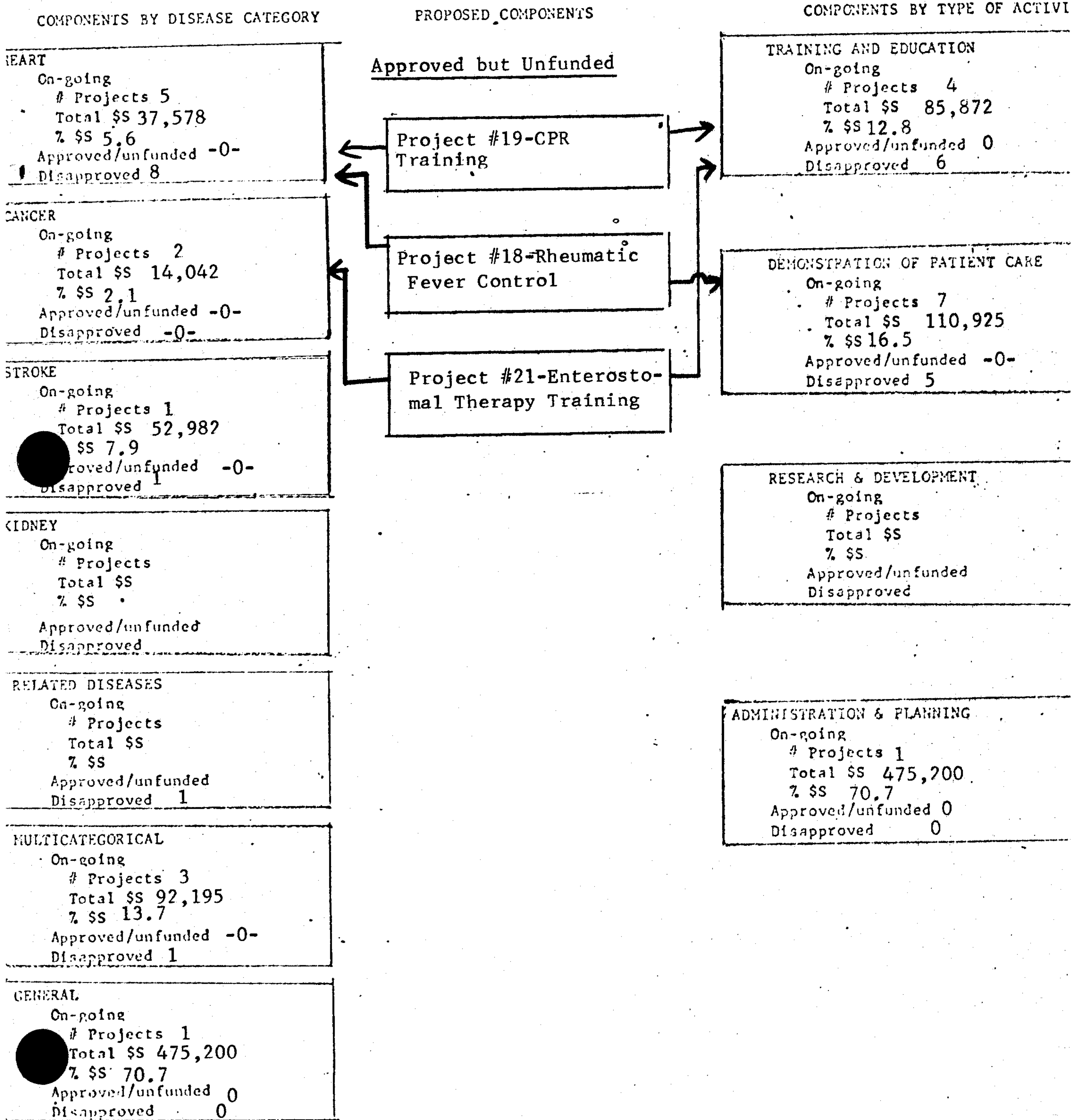
Current Operational Year: 02
First Scheduled AR application
In cycle
Region's optional plans: None



Region Susquehanna Valley

Program Funding:
Approved for Current Year--------------$ 666,495
Operating level in Current Year
(includes funds carried forward)-------$ 671,997
Recommended Commitment for next year---$ 545,915

Current Operational Year: 02
First Scheduled AR application
In cycle
Region's optional plans: None



COMPONENTS BY DISEASE CATEGORY

HEART
On-going
Projects 5
Total $S 37,578
% $S 5.6
Approved/unfunded -0-
Disapproved 8

CANCER
On-going
Projects 2
Total $S 14,042
% $S 2.1
Approved/unfunded -0-
Disapproved -0-

STROKE
On-going
Projects 1
Total $S 52,982
% $S 7.9
Approved/unfunded -0-
Disapproved 1

KIDNEY
On-going
Projects
Total $S
% $S
Approved/unfunded
Disapproved

RELATED DISEASES
On-going
Projects
Total $S
% $S
Approved/unfunded
Disapproved 1

MULTICATEGORICAL
On-going
Projects 3
Total $S 92,195
% $S 13.7
Approved/unfunded -0-
Disapproved 1

GENERAL
On-going
Projects 1
Total $S 475,200
% $S 70.7
Approved/unfunded 0
Disapproved 0

PROPOSED COMPONENTS

Approved but Unfunded

Project #19-CPR Training

Project #18-Rheumatic Fever Control

Project #21-Enterostomal Therapy Training

COMPONENTS BY TYPE OF ACTIVI

TRAINING AND EDUCATION
On-going
Projects 4
Total $S 85,872
% $S 12.8
Approved/unfunded 0
Disapproved 6

DEMONSTRATION OF PATIENT CARE
On-going
Projects 7
Total $S 110,925
% $S 16.5
Approved/unfunded -0-
Disapproved 5

RESEARCH & DEVELOPMENT
On-going
Projects
Total $S
% $S
Approved/unfunded
Disapproved

ADMINISTRATION & PLANNING
On-going
Projects 1
Total $S 475,200
% $S 70.7
Approved/unfunded 0
Disapproved 0

REGION SUSQUEHANNA VALLEY
CYCLE RM 00059 2/71.1

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				$54,596	$54,596		$54,596
Core	$469,700				469,700	$135,150	604,850
#9-Library Info Service	45,614				45,614	17,419	63,033
#16-Radiation Health Trng.	17,501				17,501	5,215	22,716
#17-Home Health Service	13,100				13,100	NONE	13,100
#6R-Geisinger CCU Training		29,425			29,425	8,694	38,119
#18-Rheumatic Fever Control			75,217		75,217	NONE	75,217
#19-CPR			16,693		16,693	*	16,693
#21-Enteros. Therapy Trng.			9,934		9,934	*	9,934
#25-Altoona CCU Trng.			59,873		59,873	*	59,873
#27-Nurse Dial Access				29,969	29,969	*	29,969
#28-Automated EEG				294,470	294,470	24,810	319,280
#29-Computerized EKG				300,186	300,186	*	300,186
#30-Coordinated Home Care				106,128	106,128	*	106,128
#31-Family&Comm. Health				145,630	145,630	NONE	145,630
#32-Cancer Ed. & Treatment				296,178	296,178	*	296,178
#33-Hamilton Health Center				147,175	147,175	*	147,175
TOTAL	545,915	29,425	161,717	1,374,332	2,111,389	191,288	2,302,677

* Indirect Costs to be negotiated

REGION SUSQUEHANNA VALLEY
CYCLE RM 00059 2/71.1

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				$54,596	$54,596		54,596
Core							
# 9-Library Info. Service							
#16-Radiation Health Trng.							
#17-Home Health Service							
#6R-Geisinger CCU Trng.		31,551			31,551	9,402	40,953
#18-Rheumatic Fever Control			64,417		64,417	NONE	64,417
#19-CPR			15,481		15,481	*	15,481
#21-Enteros. Therapy Trng.			10,439		10,439	*	10,439
#25-Altoona CCU Trng.			59,873		59,873	*	59,873
#27-Nurse Dial Access				29,453	29,453	*	29,453
#28-Automated EEG				82,062	82,062	25,925	107,987
#29-Computerized EKG				300,186	300,186	*	300,186
#30-Coordinated Home Care				106,367	106,367	*	106,367
#31-Family & Comm. Health				145,724	145,724	NONE	145,724
#32-Cancer Ed. & Treatment				202,075	202,075	*	202,075
#33-Hamilton Health Center				457,811	457,811	*	457,811
TOTAL	0	31,551	150,210	1,378,274	1,560,035	35,327	1,595,362

* Indirect Costs to be negotiated

BREAKOUT OF REQUEST 05 PERIOD

RM 00059 2/71.1

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR./UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Developmental				$54,596	$54,596		$ 54,596	$163,788	$ 163,788
Core								$469,700	$ 604,850
#9-Library Info. Service								$ 45,614	$ 63,033
#16-Radiation Health Trng.								$ 17,501	$ 22,716
#17 Home Health Service								$ 13,100	$ 13,100
#6R Geisinger CCU Trng.								$ 60,976	$ 79,072
#18-Rheumatic Fever Control								$139,634	$ 139,634
#19-CPR			$ 16,066		$16,066	*	$ 16,066	$ 48,240	$ 48,240
#21-Enteros. Therapy Trng.			$ 10,920		$10,920	*	$ 10,920	$ 31,293	$ 31,293
#25-Altoona CCU Trng.								$119,746	$ 119,746
#27-Nurse Dial Access				$30,224	$30,224	*	$ 30,224	$ 89,646	$ 89,646
#28-Automated EEG								$376,532	$ 427,267
#29-Computerized EKG				$300,186	$300,186	*	$300,186	$900,558	$ 900,558
#30-Coordinated Home Care				$115,400	$115,400	*	$115,400	$327,895	$ 327,895
#31-Family & Comm. Health				$159,086	$159,086	NONE	$159,086	$450,440	$ 450,440
#32-Cancer Ed. & Treatment				$210,050	$210,050	*	$210,050	$708,303	$ 708,303
#33-Hamilton Health Center				$678,897	$678,897	*	$678,897	$1,283,883	$1,283,883
TOTAL	0	0	$ 26,986	$1,548,439	$1,575,425	0	$1,575,425	$5,246,849	$5,473,464

* Indirect Costs to be negotiated

SUMMARY OF REVIEW AND CONCLUSION OF
JANUARY/FEBRUARY 1971 REVIEW CYCLE

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM
RM 59 (AR-1-CSD) 5/71

FOR CONSIDERATION BY APRIL COMMITTEE AND MAY 1971 COUNCIL

RECOMMENDATION: Committee deferred their recommendation on all but the renewal Project #6R (which was approved as requested) to Council with the suggestion that a site visit be scheduled to the Region before the Council meeting. (Subsequently, the Director, RMPS determined that a site visit would not be scheduled at this time.) The Region has requested new funding in the amount of $4,581,188 for renewal of one project, four previously approved but unfunded projects, seven new projects and a developmental component for a three-year period.

The amount recommended for project #6R is: 01 - $29,425 and 02 - $31,551.

CRITIQUE: The Susquehanna Valley RMP's application was difficult to evaluate because the Region is undergoing several major changes and the Committee had no member with on-site knowledge of the Region. (The member who had chaired last year's site visit has since left the Committee.) Several problems were identified by the site visitors last year, and the Region is taking steps to alleviate them.

The Core staff, including the Coordinator, is completely lay and without combined significant experience in the health planning area. Although lay staff can function with imagination and work very capably, the Susquehanna Valley RMP Staff needs additional capabilities in order to operate in this manner. The low salary scale which has been set by the grantee agency, the Pennsylvania Medical Society, has been partially responsible for the difficulties in getting highly qualified personnel. Several kinds of capabilities, particularly in continuing education, allied health, and evaluation, were lacking and this weakened the program. During the past year the Region has hired a continuing education director, a program development director, a systems coordinator and a research and evaluation specialist. The Region has sought consultation expertise in planning and evaluation, as well as in various technical areas. A group of planning experts from Pennsylvania State University, Bucknell University, and the State Health Department, among others, has been called together to advise on the structure and composition of a proposed Planning Committee. A physician has been retained as a consultant to coordinate evaluation of the coronary care units in the Region, including many which were not funded by the SVRMP.

Progress has been made in the continuing education segment of the program. The newly appointed Continuing Education Coordinator on Core staff has worked with the Continuing Education Council, which has restructured its membership to include wider representation from non-medical professions,

to look at the quality and accessibility of health care on a regional basis. The staff has also sought consultation in allied health from a neighboring Region and taken steps to strengthen the continuing education component of ongoing and new projects.

The heavy emphasis on coronary care during the first two years of the program has been ameliorated. The present application includes requests for comprehensive health care centers, home health care coordination, nurses dial access program and a computerized EEG proposal. The only ongoing coronary care proposal would be the Geisenger Medical Center CCU Nurse Training Program, the sole such resource in the Region. The proposer of an already approved project (#26), the York Hospital, has withdrawn its request for a CVA Transport Vehicle because they believe it is no longer a wise use of Federal funds.

The Regional Advisory Group has formalized their review criteria and developed a numerical rating system which assigns a numerical priority to each project. Plans are under consideration for the adoption of a similar system for the Councils and Area Committees.

Committee noted that only slight improvement had been made in the relationships with the Hershey Medical School and the grantee agency, the Pennsylvania Medical Society.

Since there seems to have been much change and redirection of the program, reviewers had difficulty in assessing a reasonable funding recommendation. Individual projects were not reviewed.

Several options were considered by Committee before deciding on their recommendation:

1) that the Region be funded at the present level with a consultation visit before next year's submission.

2) that the Region be advised to review and strengthen the staff capability, particularly in the program planning and evaluation area and that a site visit be scheduled later to review the Region's progress and determine whether further funding should be added to the program.

3) that the Region be given approximately $200,000, an amount comparable to the Region's request for previously approved but unfunded projects, for the next year, but that no funds for new projects be approved until a site visit is made to review the status of the program.

4) that the Region be site visited before any funds be approved for the Region, with the exception of the ongoing renewal project #6R.

This last option was decided upon, partly in order to give the Region any additional funds at the beginning of, rather than later in the year.

In light of the present funding stringencies, the need for such urgency does not apply.

RMPS/GRB 1/19/71

NATIONAL ADVISORY COUNCIL (FEBRUARY 2-3, 1971 MEETING) RECOMMENDATION:
Council concurred with the Committee's request that a site visit be held to determine a funding level for the coming year and to assess the Region's progress since the last site visit. Council did approve renewal of Project #6R, Coronary Care Nurse Training at the Geisinger Medical Center, as requested and support for Project #25, Coronary Care Nurse Training at the Altoona Hospital for one year.

GRB/2/22/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM
RM 00059 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommended that RMPS provide $100,000 additional funding to Susquehanna Valley RMP with no specific advice as to its use. However, the Region was not approved for developmental component funding as such. The application (submitted in November 1970 and deferred by February 1971 Council for a site visit) requests: 1) the activation of four Council approved but unfunded activities, 2) the renewal of one activity, 3) the implementation of seven new projects and a developmental component.

Critique: Committee recalled that a site visit had been held as a result of February Council's request, in order to determine a funding level for the coming year and to assess the Region's progress since the last site visit. Review Committee and Council at their last meetings had difficulty in evaluating the application because the Region appeared to be undergoing several major changes and neither group had a member with recent on-site knowledge of the Region. Because the application showed evidence of continuing difficulties in leadership, regional planning and relationships with the medical school, a site visit was considered necessary. The findings of the site visit to the Susquehanna Valley Region on March 25, 1971, were reported to Committee. The visitors outlined the strengths and weaknesses of this Region and described the progress since the visit in February 1970.

The excellent grass roots involvement of physicians in each of the four Areas continues to be a major strength of the Region. The site visitors were impressed with the interest of providers in small communities in RMP as a mechanism for improving patient care. The organizational plan, which includes area committees, categorical councils, an executive committee, as well as the RAG, appeared workable. Young physician-chairmen of the Councils have given much assistance to the Core staff efforts. Core, while completely lay, has made some major contributions in program planning. It is also working with CHP in some joint program efforts. The early emphasis on coronary care seems to have broadened as evidenced by proposals in areas such as home health care, comprehensive health care centers, and cancer education.

Despite these strong points, there are overriding weaknesses which discouraged both site visitors and Committee members. The most serious problem is the lack of strong direction from any quarter. Neither the Coordinator nor any one on Core staff provides dynamic leadership. The grantee agency, the Pennsylvania Medical Society, is not offering strong support to the program. While the RMP has tended to function as a subordinate of the PMS, the site visitors learned that the grantee

became so by default, not by any commitment to the program. The Dean of the new medical school at Hershey has been unable to bolster the RMP, because of both his urgent and immediate concerns with starting the medical school and the lack of anyone on Core staff with the professional background to require better commitment from him.

The Regional Advisory Group has been weak and reactive to the grantee organization, to area demands and to national priorities and review decisions. At the same time, it has not provided much support to Core, possibly because of the lack of medical leadership on Core staff. In fact, when informed by RMPS that available funds were only $24,313 more then the current Core budget, the RAG had considered a severe cut-back in Core staff funding. Strengths in the leadership in categorical Councils have not been built in to the RAG.

While some RAG members present at the site visit seemed to reassess their evaluation of Core worthiness, the site visitors also attempted to alleviate the untenable funding situation imposed by RMPS by recommending that the Region receive some additional support ($100,000) to preserve the very life of this RMP. The visitors hoped that such an amount would preclude expenditure of funds for such projects as the Automated Computer-Assisted Analyses of the EEG, which seemed esoteric and out of line with the Region's more pressing health needs. The $100,000 should enable the Region to initiate some worthwhile project activities and give the RMP some visibility in the Region.

Committee concurred with the site visitors reservations about the viability of the SVRMP as a Regional Medical Program. There was disagreement among its members about what course to pursue in light of the problems outlined above. Several members questionned the desirability of investing further support when conditions necessary for improvement did not seem in the offing.

Other members, however, believed that the Region had enough promise in its Core staff and community participation to warrant a chance to develop a program. In concert with the site visitors conclusions, Committee recommended that the Region should be informed that national reviewers had serious reservations about the future of the Program and given a year and some additional support ($100,000) to strengthen its leadership and produce a regional plan. The Region should also be informed that careful study will be made of the process by which the Region determines its allocation of funds and sets its program direction, and that medical leadership on Core staff is considered essential. Committee concluded their discussion with the recommendation that both a strong message from the Director, RMPS, regarding Committee's hopes and reservations about the Region and assistance from RMPS staff accompany the feedback of their other concerns. The developmental component request as such was disapproved because of the weaknesses in the decision-making structure.

NOTE: There were five dissenting votes.

RMPS/GRB
4/21/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: April 2, 1971

Reply to Attn of:

Subject: Short Summary of Susquehanna Valley RMP Site Visit Findings, March 25, 1971

To: Director
Regional Medical Programs Service
THROUGH: Acting Deputy Director
Regional Medical Programs Service

The site visit team consisted of:

J. Warren Perry, Ph.D., Dean, School of Health Related Professions
State University of New York at Buffalo
Bland W. Cannon, M.D., Council member
Manu Chatterjee, M.D., Coordinator, Maine Regional Medical Program
Sarah J. Silsbee, Chief, Grants Review Branch, RMPS
James Smith, Operations Officer, Regional Development Branch, RMPS
Clyde Couchman, Regional Office Representative, DHEW Region III, RMPS
Carol M. Larson, Allied Health Specialist, Continuing Education and Training Branch, RMPS

The site visit was held on March 25 as a one-day meeting in Camp Hill, Pennsylvania. The visit resulted from Council's decision to defer action on the Region's request for additional funds including developmental funding. The Council felt that it could not make a determination of the Region's progress in decision-making, planning or priorities until an on-site visit was made.

Background: This Region has had two site visit teams studying it. Both site visit reports indicate a concern about where the focus lies on decision-making, planning and priorities. Very early in its development, the Region developed a subarea organization with staff assigned to help area committees develop priorities in the categorical areas. All site visit teams have reported an unusual degree of interest among the providers that grew out of this development. At the same time, the site visitors noted a lack of overall regional planning which had the areas working out of context of a regional plan. The 1970 site visit found that a council framework had been developed around the categorical areas and continuing education which was serving as a vehicle for regional planning in the categorical area. However, the overall priorities of the Region and the goals for the program as a whole were still unclear. Both site visit teams reported a lack of understanding about the contributions of the grantee agency, the medical society, the Regional Advisory Group and the medical school to program development.

Since this Region began, there has not been a physician or provider expertise on the core staff. The Council development resulted from recommendations of the first site visit team and last year's team recommended that a faculty member from the Hershey Medical Center be added to the staff to provide a bridge to the provider community.

The Region's proposed projects have seemed to be a series of disparate activities unrelated to one another or to an overall plan. The application deferred by Council included two expensive computer projects dealing with EKG and EEG techniques. The review process that forwards this type of activity at this point in time was of serious concern to the 1971 Site Visit Team.

Findings of the 1971 Site Visit Team: The site visitors came away with ambivalent reactions to the Regional Medical Program in Susquehanna Valley. Questions remain regarding the effect of the grantee agency, the effect of the completely lay core staff and the effect of the non-involvement of the medical school on the program. In addition, the Regional Advisory Group itself does not seem to have a clear program direction in mind.

Despite this, the site visitors were impressed with the interest generated by providers in small communities that the Regional Medical Program could serve their needs in improving patient care. These needs have been perceived in a categorical framework because the Region believes the original intention of Public Law 89-239 represented the parameters in which they could plan. The core staff has done a good job in promoting this interest.

The grantee agency, the medical society, is not providing leadership or domination to the program in a direct fashion. In fact, the representative of the board stated to the site visit team that the medical society had become the grantee by default. There had been some interest in having the Hershey Medical Center be the grantee but it was unable to take on the job. The grantee organization takes its responsibilities for setting up the fiscal procedures and the staffing pattern very seriously, and has involved a management group to come in and lay out the organization staffing, the functions of the Regional Advisory Group, the grantee and the core staff. This has been carefully thought through and is quite clearly worked out.

The core staff is completely lay and looks to Council members as their resource for provider expertise. The team was quite impressed with the amount of time and effort the Council members have given to this aspect of the program. The Council chairmen as a group were young physicians with very good qualifications in their individual fields but they worked as requested by the core staff.

Furthermore, the council chairmen are involved primarily in vertical planning in limited areas, not horizontal planning in overall program. The team was impressed with what the core staff has accomplished while working under the severe handicap of token support from the grantee and the RAG. The core staff simply does not have the composition - specifically, a physician - to demand commitment from the grantee, the medical center or the RAG. There was some indication that the core staff does not feel the need for a physician to serve in this capacity.

Following up on the 1970 site visit recommendations, representatives of the grantee organization (but not the coordinator) talked with Hershey Medical Center Dean about the assignment of a faculty member half-time to the Regional Medical Program. The Dean was unable to provide the faculty time; however, core staff indicated that individual faculty members were participating in council activities, particularly in the Education and Manpower Council.

During this site visit, the team requested from the Dean a clear statement of commitment to the RMP from the Medical Center. The commitment was not forthcoming; instead, the Dean aired his frustration about delays in faculty recruitment, lack of financial support from Pennsylvania State University, the parent institution, lack of clear authority to serve as the University agent for continuing education (at present, Jefferson Medical College has the University contract for continuing education for physicians while the University retains responsibility for continuing education for all allied health personnel). In answer to direct questions, the Dean declared no concern about the medical society as grantee or about the schools under representation on the RAG and lack of influence in the overall Program. Clearly, the Dean's immediate concerns preclude much thought about the Susquehanna Valley RMP.

The Regional Advisory Group has not been a positive source of leadership or direction; rather, it has been reactive - to the grantee organization, to area demands, to national review decisions and to national priorities as opposed to Public Law 89-239 priorities. Except for several members-at-large, the RAG membership is determined by area committees or organizations which make up the coalition of interests in the RMP. The council chairmen serve the RAG in a technical review capacity, but are not members.

The team learned that the Regional Advisory Group was considering a severe cut-back in core funding, in order to fund several projects. The RAG apparently perceives core expenditures as "overhead" and project expenditures as "program." Thus, when informed by RMPS that the funds available would be only $499,513, or $24,313 more than the current core budget, the RAG wanted to cut the "overhead." The site visitors were able to elicit sufficient information about core activities which had resulted in program

development, but not RMP projects, that several RAG members were reassessing their evaluation of core worthiness. The RAG was to decide on new budget allocations on April 1.

Recommendations of the Site Visit Team:

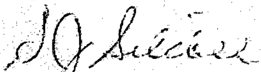
1. That RMPS provide $100,000 additional funding to Susquehanna Valley RMP with no stipulation as to how the funds should be utilized. The RMPS level does not take into consideration the fact that the Region's commitment included very little project funds. This Region is faced with an untenable funding situation imposed by the RMPS decision.

2. That the Region be informed that national reviewers have serious reservations about its viability as a Regional Medical Program: the lack of clear commitment to, or interest in, an effective program by the grantee, the medical center and the RAG; the capacity of the Region to set priorities and to negotiate local area demands, as evidenced by the projects proposed.

3. That the Region be informed that core staff is functioning well without much help from key groups. Its community participation and involvement are unique and impressive. These two strengths are responsibile for the additional funding recommended.

4. That the Region be informed that the national reviewers recommend additional funding at this time to give the Region a chance to chart its own destiny without dependence on national review actions, and that the national reviewers believe a physician on core staff would serve the Region well.

5. That the Region be informed that careful study will be made of the processes by which the Region determines its allocation of funds and sets it program direction.



Sarah J. Silsbee
Chief
Grants Review Branch

(A Privileged Communication)

SITE VISIT REPORT
SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM
March 25, 1971

SITE VISITORS

J. Warren Perry, Ph.D., Chairman, Dean, School of Health Related Professions, State University of New York at Buffalo, New York

Bland W. Cannon, M.D., Council member, Memphis, Tennessee

Manu Chatterjee, M.D., Program Coordinator, Maine Regional Medical Program, Augusta, Maine

REGIONAL MEDICAL PROGRAMS SERVICE STAFF

Mrs. Sarah J. Silsbee, Chief, Grants Review Branch
Mr. James Smith, Operations Officer, Regional Development Branch
Mr. Clyde Couchman, Regional Office Representative
Miss Carol M. Larson, Allied Health Specialist, Continuing Education Branch

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

Richard B. McKenzie, Director
James E. Smith, Assistant Director for Program Development
John D. Hoffman, Assistant Director for Technical Services
Richard E. Wright, Field Service Coordinator
Franklin E. Williams, Educational Activities Coordinator
James Patterson, Grants Management Coordinator
Robert M. Fisher, Communications Coordinator
Ellsworth R. Browneller, M.D., Director of Governmental Affairs, Geisinger Medical Center, former Secretary of Health for the Commonwealth of Pennsylvania, Chairman of the RAG.
George C. Williams, ESQ, Wellsboro attorney, Vice-Chairman of RAG and Chairman of its Planning Committee, Community hospital board member
John F. Rineman, Executive Director and Treasurer of the Pennsylvania Medical Society, grantee for the SVRMP, RAG Treasurer
John H. Harris, Sr., M.D., Harrisburg radiologist, RAG Executive Committee and Chairman of the Special Board Committee for SVRMP of the Pennsylvania Medical Society
Aaron H. Claster, Lock Haven businessman, RAG Executive Committee, a community hospital board member, active in CHP activities
J. Mostyn Davis, M.D., Shamokin family practitioner, RAG Executive Committee, the Northeastern Area Executive Committee
James C. Kirk, Administrator of Pottsville Hospital, RAG Executive Committee, Northeastern Area Executive Committee, Past President of the Hospital Association of Pennsylvania

Charles A. Laubach, Jr., M.D., Chief of the Cardiovascular and Pulmonary Disease Section, Geisinger Medical Center, Chairman of the SVRMP Council on Heart Disease, active in the Northeastern Area Committee, President of the Pennsylvania Heart Association

Bernard F. Carr, Superintendent of Altoona Hospital, RAG Planning Committee and the Appalachian-Highland Area Committee, President-elect of the Hospital Association of Pennsylvania

William Schirmer, Assistant Administrator, Harrisburg Hospital, Treasurer of the Board of the Hamilton Health Center project, now funded from 314(e) funds

George T. Harrell, Jr., M.D., Dean and Director, The Milton S. Hershey Medical Center, The Pennsylvania State University, Member of the RAG, and of the Special Board Committee for SVRMP of the Pennsylvania Medical Society

William H. Jeffreys, M.D., Director of the Department of Neurology and Psychiatry, Geisinger Medical Center, Chairman of the SVRMP Council on Stroke

Roland A. Loeb, M.D., Lancaster cytologist, Chairman of the SVRMP Council on Cancer

David D. Pearson, Ph.D., Professor of Biology, Bucknell University, Chairman of the Northeastern Area Committee.

Nikitas J. Zervanos, M.D., Director of Community Medicine, Lancaster General Hospital, Member of the SVRMP Council on Facilities and Services, project director of the proposed Family and Community Medicine Program in present application.

DRAFT
(A Privileged Communication)

SITE VISIT REPORT
SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM
March 25, 1971

Structure of Site Visit

This was a one-day meeting, designed to assess the Region's progress in setting goals and priorities, in resolving differing expectations among the grantee organization, the RAG, the area committees and the core staff, and in enlisting involvement from the Hershey Medical Center. The site visit agenda, as originally developed by the coordinator, called for an early session with the core staff alone, followed by a long session with about seventeen representatives from the grantee organization, the RAG, area committees. the medical center and Councils. RMPS staff asked that the larger group be divided into functional lines for part of the day; instead, smaller groups of cross-sectional representatives were scheduled for the morning and afternoon sessions. The RAG chairman and vice-chairman, as well as individual members from Councils and area committees were present during both sessions. The Hershey Medical Center dean was present for a short time during the afternoon, but was unable to stay for the feedback session at the end of the day. The feedback session was taped for later distribution. With only one day, the site visit team wasted no time in getting directly to the point of their visit; so with the cross-representative participation from the Region, the team's persistent probing reached all levels of planning and decision-making at the same time. Initially startled and defensive by the direct line of questioning, the participants then opened up with frank, thoughtful responses.

The Issues as Posed by the Site Visit Team

"What has your Regional Medical Program accomplished and what does it hope to accomplish in the next few years? You seem to have amassed the necessary ingredients for a Regional Medical Program, but something is missing and we can't see the Program emerging. Your Region has several unique features. You have the State Medical Society as the grantee, is this a problem in your development. Your Region has a core staff devoid of 'provider' expertise. What have you done to fill that gap? Your RAG seems to be a coalition of representatives from organizations, is this a factor? Your medical center does not seem to be involved, except for the Dean's membership on the RAG; has this impeded your progress? We realize there are reasons for these unique features and we accept them. But show us what you have done, where you want this Program to go, and why you feel you need additional RMP dollars from the limited funds available." Later, to the Medical Center Dean: "Why isn't the Medical Center more involved in the RMP, for example, in continuing education? Is it the grantee, is it the lack of representation on the RAG, is it the core staff?"

Immediate Responses to the Issues

From the grantee representatives: The State Medical Society became the grantee by default; the Hershey Medical Center couldn't take on the job. We have employed management consultants to help us map out the organization, the core salary structure, the functions of the RAG, representation on the RAG, composition of the Councils and the Planning Committee. We have followed every suggestion made by national reviewers; last year we asked the Hershey Medical Center to appoint a faculty member half-time to serve on the core staff, as suggested by the site visit team, but the Dean was unable to assign any one.

From RAG representatives: When is Washington going to give us some clear signals on what it wants. Originally, we planned to make coronary care improvement our major priority, but the National Advisory Council said we had to limit our funding to a few pilot areas. We need project money. The Area Committees, cited previously as our strength, are showing waning interest because Washington's changing signals preclude funding of their project proposals.

From the core staff: We have been successful in getting help from individual members of the Hershey Medical Center faculty, in planning the physicians assistant forum, and in the Manpower and Education Council. We get medical guidance from the Council chairmen. We have also worked in non-categorical program areas, were the resources used in developing the Hamilton Health Center proposals which has been recently funded by 314(e) funds.

From the Council representatives: We have developed plans and priorities in the categorical disease areas. With a unique combination of specialists from the clinics and hospitals and area representatives, we have developed feasibility studies prior to project proposals. In the heart area, we have developed an evaluation approach that involves not only the hospitals which received RMP funds but those that hoped to, but had to find their own financial resources.

From the Area Representatives: Core staff have helped us develop project proposals. We need money for their implementation.

From the Medical Center Dean: The State Medical Society has always supported the medical center; we couldn't develop the center and serve as the grantee for the Regional Medical Program simultaneously, although later, we may be interested. We are using RMP funds for the library project which provides literature searches and reprints to physicians, the service seems well accepted. We may be able to develop some cassettes for educational purposes. We are glad to make auditorium facilities available for RMP activities. My faculty is spread too thin now and could not serve on the RAG, perhaps later. I have no authority from Pennsylvania State University to develop a continuing education program for physicians, Jefferson Medical College has a contract for that, the University has responsibility in the allied health education field. Faculty recruitment is behind schedule; financial support from the State University has never materialized.

General Findings of the Site Visit Team

1. The Region is making some progress toward developing its goals, objectives and priorities, although it has a long way to go before they are clearly stated, specific, related to national goals and generally understood and accepted throughout the Region. The RAG's new Planning Committee is tackling the problem with core staff assistance, and with subarea representation built into the RAG, the Planning Group's deliberations could be disseminated throughout the Region. The categorical Councils and the Councils on Manpower and Education and Facilities and Services are other possible strengths, composed as they are of young specialists and area practitioners; however, the Council representatives need to be utilized in broader program planning; at the present time, their skills are limited to vertical planning in a specific area.

With this Region's strong community involvement of private practioners interested in patient care, the transition from categorical emphasis to a more comprehensive approach may not be as difficult as in Regions which have not reached the physician at the community level. The subarea categorical committees may be a barrier to this transition. The team heard evidence regarding one area's cancer planning that left grave doubts about the present method of decision-making. One area, having decided to develop a mobile cancer detection proposal for some unclear reasons, was now regionalizing the plan, after consultation with the staff and the Cancer Council.

The use of data as an aid to planning objectives and priorities has not been recognized, although core staff is seeking consultation from the medical center for some data studies.

2. The organizational effectiveness is spotty. The coordinator and the core staff have been performing herculean tasks with very little positive direction or support. The team was relatively effective in demonstrating that core staff activities had resulted in program development. The RAG and area committees were apparently measuring program progress by project funding and considering the core staff funds as "overhead."

However, the coordinator does not have the background, experience or stature to command the commitment of the grantee organization, the RAG or the medical center. The core staff needs to have medical liaison to carry on these functions. The site visit team felt that several of the Council chairmen could serve in this capacity, if given the responsibility and authority. The core staff also lacks representation from the allied health professions. In fact, nursing and other allied health influences are scarce throughout the various levels of decision-making.

The grantee organization has set up adequate procedures for managing the funds, providing staff services, etc. Through the help of a management

consultant fund, the functions of the grantee and the RAG have been carefully delineated. The grantee has not provided domination or direction of the program; nor, has it sought leadership from elsewhere.

The RAG has not provided leadership or direction; rather, it has been reactive - to the grantee organization, to area demands, to national review decisions and to national priorities as opposed to Public Law 89-239 priorities. Except for several members-at-large, the RAG membership is determined by area committees or organizations which make up the coalition of interests in the RMP. The council chairmen serve the RAG in a technical review capacity, but are not members.

The subregionalization efforts have been successful in enlisting local representatives in project planning. In the absence of regional goals, the subarea demands have been hard to arbitrate. Also, the subregional representatives seemed relatively unaware of RMP fiscal constraints on the national level, the RAG reflects this same lack of communication. Nevertheless, the subregional development of this Program is a strength that can be utilized in program development.

3. The involvement of regional resources is spotty. The medical profession is involved, at all levels; The nursing and allied health professions are involved in projects and subarea planning, not at the regional level. The community hospitals are involved to some extent, board members as well as physicians. The voluntary and official health agencies are involved on the RAG and in the subareas to a certain extent. The medical school is little involved. This is a real problem. The CHP development in this Region is just underway, and members of the RAG and Councils expressed concern that their staffs would duplicate RMP core staff. The team suggested that rather await signals from Washington, efforts be made locally to coordinate, complement or assimilate the staff efforts of the two organizations. The team did not get any feeling for involvement of consumers or political representatives. The RAG chairman was formerly State Commissioner of Health.

4. As noted before, the Region has not depended on a data base for planning or evaluation.

5. Core staff has done as well, or better than could be expected. They have developed a health center which is funded through 314(e) funds. They have developed feasibility studies with the help of Council members, and they have looked for other sources of funding for ongoing activities.

Neither the operational projects funded nor the ones proposed are exciting. The coronary training projects at Geisinger and Altoona would appear to be good investments and needed. An evaluation study in coronary care has evolved to encompass many hospitals throughout the Region. The computerized EKG and EEG project proposals are typical examples of this Region's lack of understanding about national funding priorities.

6. It is not surprising that evaluation has barely begun, but it has been started in the coronary care field.

Recommendations of the Site Visit Team

1. That RMPS provide $100,000 additional funding to Susquehanna Valley RMP with no stipulation as to how the funds should be utilized. The RMPS level does not take into consideration the fact that the Region's commitment included very little project funds. This Region is faced with an untenable funding situation imposed by the RMPS decision.

2. That the Region be informed that national reviewers have serious reservations about its viability as a Regional Medical Program: the lack of clear commitment to, or interest in, an effective program by the grantee, the medical center and the RAG; the capacity of the Region to set priorities and to negotiate local area demands, as evidenced by the projects proposed.

3. That the Region be informed of the necessity to have a physician serve a liaison leadership role with the medical society, the medical center and RAG.

4. That the Region be informed that core staff is functioning well without much help from key groups. Its community participation and involvement are unique and impressive. These two strengths are responsible for the additional funding recommended.

5. That the Region be informed that the national reviewers recommend additional funding at this time to give the Region a chance to chart its own destiny without dependence on national review actions.

6. That the Region be informed that careful study will be made of the processes by which the Region determines its allocation of funds and sets it program direction.

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF AN OPERATIONAL SUPPLEMENT GRANT APPLICATION
(A Privileged Communication)

TRI-STATE REGIONAL MEDICAL PROGRAM
Medical Care and Education Foundation Inc.
Two Center Plaza, Room 400
Boston, Massachusetts 02108

RM 00062 5/71
April 1971 Review Committee

Requested Program Period	01 6/1/71-5/31/72	02 6/1/72-5/31/73	03 6/1/73-5/31/74	Total
Direct Costs	$463,292	$368,595	$381,513	$1,213,400
Indirect Costs	-0-	-0-	-0-	-0-
Total	$463,292	$368,595	$381,513	$1,213,400

History: In November 1970, Council reviewed the Region's total program and its Triennial application, and concurred with the favorable report of an October 1970 site visit. Council concluded that the Region had developed the capacity for self-determination; had set realistic, timely and acceptable goals and objectives; and had adequate decision-making processes as well as management and evaluation capabilities. Although the Council approved level of funding for the Region's Triennial application during the next three years is $2,261,685, $2,015,591 and $2,043,035, RMPS fiscal restraints will only permit $1,722,474 funding and commitment for these periods.

Present Application: The application contains one kidney disease project, which is also to be reviewed by an RMPS Ad Hoc Panel on Renal Disease on April 14-15, 197Ø.

Project #13 New England Regional Kidney Program
Submitted by the Tri-State RMP, this three-year project proposes to establish the New England Regional Kidney Program (NERKPRO) to assure that no person will die of kidney failure because of a lack of funds, or lack of a plan to be treated on knowledge of what is available. The proposal is in three parts.

Part I - A general introduction documenting need and resources.

As a result of a recent series of meetings sponsored by the Tri-State RMP, a group of leading nephrologists and other interested persons joined to develop NERKPRO. (See Apendix X: Minutes of NERKPRO Meetings - Durham, New Hampshire; pp. 107-138). There is general agreement that NERKPRO must meet several basic

needs: 1) a present need for more cadaver organs; 2) the need for larger pools of prospective donors and prospective recipients; 3) professional training programs are needed for physicians, nurses and technicians in the fields of hemodialysis, organ harvesting, organ transplantation, and tissue typing.

Boston and New Haven are major transplant centers, and others are in the process of being developed in the region. Transplant centers are also centers for professional education and training in kidney disease. In addition, Boston is the location of the Interhospital Organ Bank (IOB), a clearinghouse for matching cadaver organs with potential recipients.

NEW ENGLAND FACILITIES FOR END-STAGE KIDNEY DISEASE

Central Support:

Interhospital Organ Bank
Massachusetts General Hospital
Boston, Massachusetts

Dialysis Units:

Boston

Boston City Hospital
Lemuel Shattuck Hospital
Massachusetts General Hospital
Peter Bent Brigham Hospital
University Hospital
Veterans Administration Hospital
St. Elizabeth's Hospital

Other Massachusetts

Babcock Street Unit, Brookline
Lakeville Hospital, Lakeville
North Shore Regional Dialysis Unit, Beverly
Springfield Hospital, Springfield
St. Joseph's Hospital, Lowell
Worcester Memorial Hospital, Worcester

Maine

Maine Medical Center, Portland

Connecticut

Yale-New Haven Hosp., New Haven
Hartford Hospital, Hartford
Veterans Administration Hosp., West Haven
Bridgeport Hospital, Bridgeport
St. Vincent's Hosp., Bridgeport
Danbury Hospital, Danbury
Waterbury Hospital, Waterbury
Hospital of St. Raphael, New Haven

Transplant Centers:

Operative

Boston City Hospital
Harvard and B.U. Services
Massachusetts General Hospital
Peter Bent Brigham Hospital
University Hospital
Veteran Administration Hospital

Yale-New Haven Hospital

Part 2 - An application for funds to finance regionalization of the operations of the Inter-hospital Organ Bank.

Reorganization of the IOB is a major component in the development of the NERKPRO program. The "bank", a non-profit organization, is actually a center for information, expertise, the performance of technical functions (tissue typing), and administration of organ allocation. Major functions of the IOB include: 1) Education and information efforts, primarily with physicians, to encourage the "harvesting" of cadaver organs suitable for transplantation; 2) Operation of a central office: (a) serving as a communication center through which information on organ availability, suitability, and demand can be ex-charged, (b) maintenance of a central registry of persons awaiting transplant and of potential donors, and (c) administration of a system for determining the allocation of cadavar organs available among the patients awaiting transplant, using information determined by central serotyping laboratory; and 3) operation of a central serotyping laboratory.

The IOB is currently supported under a contract from the Kidney Disease Control Program, RMPS, and funds from the Massachusetts Department of Health. The IOB has begun charging fees for serotyping, and is negotiating with third party payers to make these and related costs reimbursable. The IOB is in the process of expanding the field of operation to serve the entire New England region. Financial assistance is needed to support the IOB during this transitional stage when: (1) the IOB is expanding its physical capacities, geographic coverage, and training activities, (2) support from the Kidney Disease Program, RMPS is being phased out, and (3) income from fee-for-services is not yet sufficient to support these operations on a full or regular basis. (Pages 47-53 of the application describe steps to be taken to facilitate expansion of the IOB.)

A total of approximately $166,000 is requested for the first year support of the IOB as follows: $128,289 personnel; $22,524 supplies; $15,300 equipment.

Part 3 - Describes the steps to be taken in developing the remainder of the program components so that at the end of the grant period, a coordinated regional program will exist.

The development of the program will be administered by George L. Bailey, M.D. with the advice of NERKPRO, its Scientific Advisory Committee and other committees. In addition to the IOB, other program elements will be developed as follows:

Development of Programs and Standard Setting: NERKPRO through its Scientific Advisory and other committees will offer advice to any group contemplating development of a kidney program (Pages 28-29).

Professional Training: Is discussed on pages 29-35 of the application. The applicant notes that present RMPS guidelines exclude the support of physicians fellowships. If funding becomes available, a fellowship training program in nephrology or transplant surgery would be implemented. Support is requested for the training of: (1) Dialysis Nurses, (2) Transplant Nurses, (3) Dialysis Technicians, and (4) Tissue Typing Technicians.

Continuing Education: (1) Nurse Consultants in Dialysis and Transplantation will be available for any program in the region to assist with specific problems, demonstrate new techniques to remote centers, and act as advisors to areas starting new programs. (2) An annual two-day workshop on new developments in dialysis and transplantation will be held for nephrologists, transplant surgeons, immunologists, nurses, and technicians. (3) Short (up to two weeks) individual training courses to update skills will be sponsored.

Organ Procurement: Lay and Physician Education: As presented on pages 33-35, this would involve: (1) Training organ harvesting teams, (2) educating the general public to increase their willingness to be donors and recipients, and (3) increasing the awareness of the physician in general practice concerning the desirability and practicability of treating end-stage kidney disease.

The Funding Desk (Pages 36-43): This desk would serve three basic functions: (1) Serve as a clearinghouse for information concerning presently available sources of financing; (2) collect data on third-party payer experience with reimbursement for kidney disease and other catastrophic conditions, and would develop proposals for more systematic funding of these conditions; (3) undertake special investigations into the impact of prospective changes likely to effect financing of end stage kidney disease over the next few years.

Registry of NERKPRO (Pages 44-46)

The registry functions would include:

1. Maintenance of an up-to-date registry of all potential cadaveric transplant recipients in order to provide the necessary information for the equitable sharing of cadaver organs.

2. Registration of all live related donor transplants for purposes of follow-up on success rate, funding profile, statistics, etc.

3. Registration of all dialysis patients indicating whether center, satellite or home; source of funding; location; etc.

4. Registration of every physician, nurse, or technician trained in dialysis, transplantation or tissue typing in New England.

5. Registration of every dialysis and transplantation facility noting their patient capacity, training capacity and costs.

A total of approximately $297,000 is requested for this part of NERKPRO (does not include IOB costs) as follows: $74,829-personnel; $5,000-consultants; $7,360-furniture; $16,000-travel; $142,200-training and continuing education; $19,270-rent and telephone; $11,020-postage and special transportation; and $21,500-computer time and fees for harvesting organs.

The Appendices of the application contain copies of 52 letters of support and participation; by-laws, rosters and other information for the IOB; Teaching Protocol for Twin-Coil Machine Dialysis; Funding of Renal Patients in New England; Minutes of NERKPRO meeting; and curriculum vitae of key personnel.

RMPS/GRB 3/9/71

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE

TRI-STATE REGIONAL MEDICAL PROGRAM
RM 00062 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

RECOMMENDATION: Deferral for a site visit

Year	Request	Recommended Funding
1st	$463,292	-0-
2nd	368,595	-0-
3rd	381,513	-0-
TOTAL	$1,213,400	-0-

During its review, the Committee did not have access to the recommendation of the Ad Hoc Panel on Renal Disease, since the two groups met simultaneously. From a program point of view the Committee believed the proposal warranted support. The Panel believed further technical evaluation by a site visit was warranted.

Committee Program Critique: The reviewers, including an individual who served as chairman of the October 1970 triennial review site visit, were favorably impressed with the proposal. The Committee found this to be a well-thought out and well presented program, which is in keeping with the regional activities of the Tri-State program. Further, the reviewers believed that the RMP had the capability to carryout its plans as presented. The Committee realized their favorable recommendation was subject to a satisfactory technical review by the Ad Hoc Renal Panel.

Panel Technical Critique: The Panel's recommendation for deferral with a site visit was based on the following concerns: 1) There were serious reservations as to whether the appropriate individuals within the six states had had ample opportunity to review the proposal in its final form to determine the degree of collaboration and cooperation that would be required; 2) The budget seemed extremely excessive; 3) The extent of participation by the Board of Governors could not be clearly determined; and 4) Due to the magnitude of the program, further detailed evaluation of its many facets seemed warranted.

Dr. Edmund Lewis was not present during the discussion of this application.

RMPS/GRB
4/21/71

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF ANNIVERSARY REVIEW AND AWARD GRANT APPLICATION
(A Privileged Communication)

WESTERN PENNSYLVANIA REGIONAL
MEDICAL PROGRAM
501 Flannery Building
3530 Forbes Avenue
Pittsburgh, Pennsylvania 15213

RM 41-03 (AR-1-CD) 5/71
April 1971 Review Committee

PROGRAM COORDINATOR: F.S. Cheever, M.D.
PROGRAM DIRECTOR: Robert R. Carpenter, M.D.

This Region is currently funded at $1,248,391 (direct costs) for its second operational year ending June 30, 1971. $226,350 of this amount represents unspent first-year funds reauthorized as carryover into the second year. The Region currently receives indirect costs of $272,633 which is 21.8% of the direct cost award. It submits a triennial application that proposes:

I - A Developmental Component
II - The continuation of Core and 7 ongoing activities
III - The renewal of one activity for 2 additional years
IV - The implementation of 5 new activities, one of which is a revised kidney disease proposal previously returned for revision
V - A budget for the second and third years of the triennium that requests growth funds for activities currently in the planning stage but scheduled for later activation

The Region requests $1,757,550 for its third operational year, $1,970,875 for the fourth and $2,233,286 for the fifth year. A breakout chart identifying the components for each of the three years follows on the next page.

This Region is to be site visited March 10-11, 1971. Staff's preliminary review of the application has identified several issues for the site team's consideration. These are also covered briefly in this summary.

FUNDING HISTORY

Planning

Grant Year	Period	Funded (direct costs)
01	1/1/67-3/31/68 (15 mos.)	$271,736
02	4/1/68-6/30/69 (15 mos.)	354,234

Operational Program

Grant Year	Period	Funded (direct costs)
01	7/1/69-6/30/70	934,041
02	7/1/70-6/30/71	1,248,391

The Region has been advised that its funding level for the upcoming year must be held to $863,996 due to overall budgetary constraints.

REGION Western Pennsylvania
CYCLE RM 41 5/71 - Triennium

BREAKOUT OF REQUEST 03 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				100,000	100,000	20,000	120,000
Unspecified Projects				---	---	---	---
CORE	694,385				694,385	204,740	899,125
#1 Regional Faculty	35,450				35,450	8,715	44,165
#2 Hypertension	97,500				97,500	41,195	138,695
#3 Coronary Nurses	118,486				118,486	53,567	172,053
#4 ERT Training	26,875				26,875	5,823	32,698
#7 Library System	50,000				50,000	23,266	73,266
#6R Nursing Home		143,445			143,445	68,889	212,334
#8 Laurel Home Health Aides	75,000				75,000	---	75,000
#9 Cancer Chemotherapy	44,820				44,820	7,933	52,753
#10 Early Coronary Care				37,424	37,424	---	37,424
#11 Sickle Cell				50,000	50,000	19,127	69,127
#12 Diabetes Mellitus				50,000	50,000	20,900	70,900
#13 Pulmonary Disease				42,115	42,115	---	42,115
#14 Renal Disease				192,050	192,050	---	192,050
TOTAL	1,142,516	143,445		471,589	1,757,550	474,155	2,231,705

REGION Western Pennsylvania
CYCLE

BREAKOUT OF REQUEST 04 PERIOD

IDENTIFICATION OF COMPONENT	CONTINUING ACTIVITIES	RENEWAL	PREVIOUSLY APPR/UNFUN.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL
Developmental				100,000	100,000	20,000	120,000
Unspecified Projects				400,000	400,000	Not Specified	400,000
CORE	828,000*				828,000	240,700	1,068,700
#1					---	---	---
#2					---	---	---
#3					---	---	---
#4					---	---	---
#7					---	---	---
#6R		146,337			146,337	72,333	218,670
#8	80,000				80,000	---	80,000
#9	46,995				46,995	8,318	55,313
#10					---	---	---
#11					---	---	---
#12				60,000	60,000	25,080	85,080
#13				34,378	34,378	---	34,378
#14				275,165	275,165	---	275,165
TOTAL	954,995	146,337		869,543	1,970,875	366,431	2,317,306

* Includes Central Library Service

BREAKOUT OF REQUEST 05 PERIOD

IDENTIFICATION OF PROGRAM	CONTINUING /EXTENSIONS	RENEWAL	PREVIOUSLY APPR./UNFUND.	NEW ACTIVITIES	DIRECT	INDIRECT	TOTAL	ALL YEARS DIRECT	ALL YEARS TOTAL
Developmental				100,000	100,000	20,000	120,000	300,000	360,000
Unspec. Proj.	450,000			420,000	870,000	Not Specified	870,000	1,270,000	1,270,000
CORE	908,000*				908,000	265,600	1,173,600	2,430,384	3,141,425
#1							---	35,450	44,165
#2							---	97,500	138,695
#3							---	118,486	172,053
#4							---	26,875	32,698
#7							---	50,000	73,266
#6R							---	289,782	431,004
#8							---	155,000	155,000
#9	4,800				4,800	850	5,650	96,615	113,716
#10					---	---	---	37,424	37,424
#11					---	---	---	50,000	69,127
#12					---	---	---	110,000	155,980
#13					---	---	---	76,493	76,493
#14				350,486	350,486	---	350,486	817,701	817,701
TOTAL	1,362,800			870,486	2,233,286	286,450	2,519,736	5,961,711	7,088,747

* Includes Central Library Service

Geography and Demography

The Western Pennsylvania RMP covers 28 counties, six of which also have ties with surrounding RMPs. The population is approximately four million excluding the three shared counties which have predominant ties with other regions. The three major metropolitan areas in the Region, Pittsburgh, Altoona and Johnstown, all are reported with declining populations in the 1970 census. The mountainous nature of the area has resulted in traditionally isolated communities.

The western border of the State is the Region's border although the Region reports significant interest in Western Pennsylvania activities by residents of the Youngstown, Ohio area and the Steubenville, Ohio - Weirton, West Virginia areas. The West Virginia border on the south rather accurately reflects the southern border with some fringe overlap. To the north, three counties, Erie, McKeon and Potter, appear to relate more closely with Western New York.

The eastern border of the region is probably best considered as being in the area of Bedford, Blair, Center and Cameron Counties. Bedford, Blair and Center also relate to the Susquehanna Valley Region.

The Region has one medical school - in the University of Pittsburgh - and is served by approximately 4,100 active practicing physicians and 15,500 active nurses, 13,000 of which are located in hospitals. There are 12,300 LPNs in the area and 137 nursing homes with approximately 10,000 beds. The school of Allied Health Profession in the University of Pittsburgh, was established within the last three years. There are 43 Schools of Nursing in the Region, almost half of which are in Pittsburgh.

Ninty-four acute general hospitals are located in the Region with a combined total of 19,150 beds.

Regional Development

In the summer of 1965, the Dean of the School of Medicine met with approximately 50 medical and hospital leaders in Western Pennsylvania to discuss the recently enacted legislation creating Regional Medical Programs. It was agreed that the Dean should proceed with an application for funds to support RMP planning. The Hospital Council for Western Pennsylvania endorsed the plan and the Hospital Planning Association of Allegheny County made available a staff member who assisted a working group of faculty from the Schools of Medicine and Public Health in the preparation of an application.

The University Health Center of Pittsburgh (a corporation composed of the four large independent hospitals affiliated with the University of Pittsburgh for teaching, training and research) was designated as the applicant organization, and a five-man steering committee was formed (Drs. D. A. Clark, Campbell Moses, K. D. Rogers, and Messrs. R. M. Sigmond and Steven Sieverts). A 32-member Advisory Committee was appointed by Dr. Cheever who was the Dean at that time.

The initial planning year was funded beginning January 1967 and in general, the Region was a very slow starter. The first planning year was extended, without additional funds, for a three-month period. This action was taken following staff's review of the first year's progress reported by the Region which generated deep concerns. Most of the difficulty seemed to stem from lack of full-time leadership and failure to attract promising staff.

In January 1968 Dr. Robert Carpenter joined the staff and the following June became the full-time Director. The organization was streamlined, staff was recruited and progress became evident. There was a deliberate effort to regionalize early and nine area advisory committees were formed.

The Region's Grant Review Committee met in October 1968 to consider twelve operational proposals which constituted the genesis of the Region's operational efforts. The Regional Advisory Committee approved the following seven proposals of the original twelve for submission to RMPS:

#1-Establishment of a Regional Postgraduate Faculty of Medicine
#2-Hypertension Management, University and Selected Regional Hospitals
#3-Regional Program for Nurses in Heart Disease, Cancer and Stroke
#4-Emergency Resuscitation Team Project
#5-Regional Program for Treatment of Kidney Disease
#6-Program for Long-Term Training of Nursing Home Personnel
#7-Establishment of a Regional Medical Program Library System

These activities, combined with Core, constituted the Region's first operational application requesting $2,034,413.

Following receipt of the application, RMPS site visited the Region in February 1969. The visitors found that previous problems identified during the planning period had been quite satisfactorily resolved and there was consensus that there was great potential in the Region. The team recommended funding for six of the seven proposals; the kidney project was returned for revision. The visitors noted, however, that the impetus of project activity was still based centrally in the university setting and that there was impatience within the Community Involvement Committee regarding the extent of attention to the urban poor.

The April 1969 Review Committee accepted the site team's recommendation of a first operational year funding level of $1,060,883. May 1969 Council reduced the recommended level to $934,041 for the first year because of a temporary "hold" on all cardiopulmonary resuscitation projects (the Region's proposal #4). After the special review of the proposal, the project was later funded at a reduced amount.

During the Region's first operational year, it submitted two additional proposals: #8, Laurel Mountain Home Health Aide and #9, Training of Cancer Chemotherapists for the Community Hospital. These activities were approved but no additional funds were awarded to activate them. However, the Region activated project #8, at a sharply reduced level, at the beginning of its second operational year through carryover funds, and two months later activated project #9 at a somewhat reduced level through rebudgeted funds from Core and three projects.

The Region's application for its second year operational funding included the amount of the commitment, plus a request to use $235,000 balances from first year funds. They proposed to use these funds in two ways: (1) to conduct six feasibility studies and (2) to activate the aforementioned approved but unfunded activity and to replenish the retrenched budgets in most of the remaining projects.

Staff's review of the progress reported on the first year of operations and the plans described for the second year led to a consensus that the Region had exhibited growth and maturity under vigorous leadership of both the Director and Core staff. An award was made beginning July 1, 1970 in an amount of $1,160,391 which represented the full commitment plus $226,350 reauthorized carryover.

Under the Anniversary Review and Award system, this Region had no options to submit requests for additional operational activities during its second operational year. The present application reflects the Region's decision to submit a triennial application on its anniversary rather than an application geared only to its plans for next year. In this regard, staff concluded in its review of the application that the Region had developed a viable and attainable plan for the next three years.

The following chart displays the Region's funding status at the time this application was developed; the levels of funding for the continuing life of ongoing projects and specific new activities, as well as the effect of its growth funding request:

		Projected For the Triennium		
	Present Funding	1st Year	2nd Year	3rd Year
Central Services				
Core staff activities	$594,191	$694,385	$798,000	$878,000
Central Library Service	-0-	-0-	30,000	30,000
Developmental Component	-0-	100,000	100,000	100,000
Project Activity				
Ongoing projects and their continuation or Renewal	654,200	591,576	273,332	4,800
Specified new projects and their continuation	-0-	371,589	369,543	350,486
Unspecified "growth" activities and their continuation	-0-	-0-	400,000	870,000 (includes $420,000 for new activities)
	$1,248,391	$1,757,550	$1,970,875	$2,233,286

Organizational Structure and Processes

The Regional Advisory Committee, originally developed as a 32-member body now is composed of 48 members. It reflects good geographic and discipline representation. The Executive Committee is composed of the Chairman and the Secretary of the full Committee and the Chairmen of the following specialized Committees:

Operational Grant Review Committee
By-Law Committee
Nominating Committee
Community Involvement Committee
Heart Committee
Stroke Committee
Cancer Committee
Health Care Education Committee

While the full membership of the Advisory Committee and its sub-committees displays very good geographic distribution, the Executive Committee reflects predominantly Pittsburgh representation. However, this Region developed Area Advisory Groups early on and is presently functioning with nine such groups involving some 465 persons committed to improving medical care in their areas. Under Appendix C, in the application, the planning accomplishments of each area and its participation in the Region's ongoing activities describe good regionalization. The Area Advisory Group structure is similar to the Regional Advisory Committee in that categorical sub-committees have been formed.

These Committees, both at the Regional and Area level, serve to identify needs, design the outlines of projects required to meet those needs, and identify leadership for the projects. In addition to these Committees, the Region utilizes the Task Force approach with a Task Force on Primary Care being recently appointed. Consultants are used to make site visits to review proposed activities and evaluate ongoing projects.

All operational proposals, whether stemming from Area Groups, Committees of the Regional Advisory Committee or Core staff identification, are reviewed by the Operational Grants Review Committee. That Committee recommends priorities among the proposals. Following this review, the proposals are submitted to the Regional Advisory Committee. The upcoming site visit will afford an opportunity to inquire into the specific processes of this system and will report on its effectiveness.

Regional Objectives

The twelve program objectives established by the Region have been assigned three priority weights - highest, high and important. Briefly stated they are:

Priority	Objective
Highest	#1 - To assure that modern coronary care is available to all residents in the Region

Priority	Objective
High	#2 - To develop the Region's system for primary care by providing ready access for rural and urban areas to the health care system
High	#3 - To develop an adequate continuing education program for the health professionals in the Region
High	#4 - To develop in hospitals caring for cancer patients, groups of health professionals with specific competence in oncology
High	#5 - To develop a Regional network of facilities to support patients with chronic renal disease and to improve the care of patients with acute renal disease
High	#6 - To define the most adequate care programs for patients with stroke
High	#7 - To develop projects to attack diabetes and emphysema
High	#8 - To provide adequate extended care and long-term care in an effort to limit the health care costs.
Important	#9 - To continue to document the health care problems of the Region
Important	#10 - To stimulate a public information program, using existing agencies, particularly the community hospital
Important	#11 - To improve the treatment and care of heart disease other than coronary heart disease
Important	#12 - To expand the area of impact of existing projects

Within these objectives, the Region has developed a strategy for each activity with a time schedule and identified leadership roles. This constitutes the operational plan for the Region. In reviewing this portion of the application, staff felt the objectives and priorities were clearly stated and well related to the Region's capabilities and opportunities. Heart disease, by virtue of the more abundant opportunities to act in this area became the highest priority categorical concern.

Present Application

The Developmental Component.

The Region requests developmental funds of $100,000 for each of three years.

The ability to move expeditiously to solve problems is cited by the Region as an important factor to program growth. Western Pennsylvania RMP made extensive use last year of reauthorized unexpended funds to carry out a variety of feasibility studies to move into this area.

Specific approaches are described as to how the proposed developmental funds will be utilized in the areas of Coronary Care, Primary Care, Continuing Education, Cancer Care and Stroke Care. Generally, the approaches may be described as planning studies, specific investigations, demonstrations, and seed money.

The review process to govern the investment of developmental funds is the same as that which exists for review of investment of other program funds. However, requests for support limited to 12 months and less than $10,000 may be approved by the Director subject to review by the Advisory Committee. Investments of longer duration and requiring greater funding will be reviewed by a site visit team, the Operational Grant Review Committee and the Advisory Committee. All developmental component activities must have the approval of the appropriate Area Advisory Groups.

Request for Growth Funding In the Second and Third Years of the Triennium

The Region projected both its operating plan and its budget based on several hypotheses. One of these is that the program base would be permitted fiscal expansion in 1972, provided adequate numbers of good proposals were submitted to RMPS. Another was that it would be necessary to develop program support from non-Federal sources if true partnership is to evolve between the Federal and private sector.

The budget request for the second year of the triennium (the fourth operating year of the program) includes $400,000 for projected growth activities. In the main, these activities are now in the study and planning stage with time schedules plotted and leadership roles identified. Some are reflected in the grid included in the annual report of the Regional Advisory Committee and others are expected to generate from Developmental Component activities. For example, the Pittsburgh Model Cities Program is identified for a leadership role in a program scheduled for activation in July 1972 to assist local providers to link institutions in the Pittsburgh Model City Area to develop a comprehensive primary care and referral system for the area residents.

The budget request for the third year of the triennium includes $450,000 to continue the activities inaugurated the year before, and $420,000 to initiate new ones. Presently funded projects are scheduled for termination in these years, so that while the net effect is a gradual increase, the budget becomes a revolving account.

The site visit team plans to learn more about these leavening activities and will report to the Committee on them.

CORE

Requested
Third Year
(First Year of Triennium)
$694,385

Core is presently supported at $594,191 of which approximately $75,000 is reauthorized unspent program funds from the preceding year. The Region estimates a balance of $27,000 in this component this year.

The current staff consists of 35 full and part-time personnel. Two existing professional positions are vacant and are currently being recruited (a Cardiologist and a Graphic Artist). This application requests three new professional positions in the first year of the triennium--an Assistant Director of Evaluation, an Assistant for the primary care program and a Nurse Specialist in continuing education. In addition, two new technical positions are requested and additional secretarial help. The core budget escalates in years two and three due to limited staff additions, salary increases, and the inclusion of an ongoing operational project (#7 Library System) as a regional resource. The "other" category shows a marked increase in the second year of the triennium due to a doubling of the rent in a lease negotiation. Similar increases are shown in the supplies category due to the inclusion of the photocopying charges which move to the core budget in the regional library resource.

The application describes an energetic and productive core staff operation moving in the areas of planning, support in identifying needs, assistance with project development and in evaluation of operational effectiveness. In addition, the application reports on some 20 feasibility studies conducted during the previous year, generated with assistance from the central staff, but conducted by members of the program outside the core staff. Four of the five new projects included in this application stemmed either from planning or feasibility studies conducted with core funds.

The structure of the Core staff is divided into the following categories:

Office of the Program Director

Medical Practice & Evaluation - includes an associate director and assistant directors for Oncology, Cardiology, Continuing Education and Evaluation

Regionalization Services - includes an associate director and four Area Liaison Representatives

Nursing and Allied Health Professions - includes a nurse who is an Assistant Director, a Nurse Specialist in Continuing Education, a Cancer Nurse and a Physical Therapist

Communications - includes an Assistant Director, an Editorial Assistant and a Graphic Artist

Hospital Liaison - includes an Assistant Director and an Assistant Planner

Fiscal Administration - includes an Assistant Director and an Auditor

Request Fourth Year	Request Fifth Year
$828,000	$908,000

Continuation Projects

The Region requests continuation of the following seven projects. Five of them are moving into their third year of operation and two (#8 and #9) go into their second year.

Project #1 - Establishment of a Regional Postgraduate Faculty of Medicine. — Requested $35,450

This project was supported last year at a level of $39,000. Continued support is requested to pursue the original objectives of: (1) to establish a faculty of community physicians in the Cambria-Somerset Area; (2) to improve postgraduate medical education in hospitals in that Area; (3) to assist each hospital medical staff to develop its own continuing education program; (4) to establish a communications link between the University of Pittsburgh research and educational resources and hospitals located throughout the Area; and (5) to facilitate exchange, for educational purposes, of physicians in the Cambria-Somerset Area and those at the University.

Originally these efforts were directed toward the staffs of two hospitals and one County Medical Society. It expanded to serve three additional hospitals in Johnstown and in the upcoming year will extend to the Altoona area. The concept has been taken up by other Areas and the Region anticipates that the Faculty ultimately can be supported by funds from hospitals, hospital staffs, and professional societies which it serves. The project is entering its last year of RMP committed support.

Project #2 - Hypertension Management, University and Selected Regional Hospitals — Requested $97,500

This project was supported last year at a level of $88,000. Continued support is requested to pursue the original objectives of: (1) to inform practicing physicians about modern diagnostic and therapeutic methods for patients with hypertension; special emphasis is given to the diagnosis of surgically remediable hypertension and the medical management of essential hypertension; (2) to provide access to modern diagnostic techniques for patients with hypertension; (3) to identify leadership for the care of hypertensive patients in communities throughout the Region; (4) to learn the problems faced by community physicians treating hypertensive patients; and (5) to bring together a group of health professionals and health institutions to support the Regional Program.

Originally, eight hospitals participated in this project. It has proven popular and has been expanded to include nine additional hospitals. The application states some fees are generated from certain lab tests performed and the amounts collected are returned to the grant. The site visitors plan to inquire about these arrangements because the funds cannot be traced in the fiscal information presented. The participation in this project represents good regionalization.

The medical practice data already collected will be used to measure the project's impact of the educational program in terms of changing habits of medical practice for hypertensive patients. Also, a questionnaire is being developed to evaluate (1) the way most practicing physicians diagnose and manage hypertensive patients in the hospital and their offices and (2) the possibility of developing a pilot detection and treatment program in selected communities. The survey is to be initiated in January 1971 and future plans hinge on the survey results. This project is entering its final year of RMP committed support.

Project #3 - Regional Program for Nurses in Coronary Care — Requested $118,486

This project was supported last year at a $106,700 level. Continued support is requested to pursue the original objective of enriching the knowledge and enhancing the skills of nurses caring for patients with acute myocardial infarction.

A total of 257 nurses graduated in the first six courses and it is anticipated that 200 more will be trained in the remaining four University courses scheduled for the last six months of this operational year. In addition, 19 nurses have been trained in the Clearfield satellite program and 18 in Johnstown. In all, the three programs have provided coronary nurses for 65 hospitals in 19 Western Pennsylvania Counties and two hospitals in Ohio. All of the courses have been filled to capacity. Evaluation of the training has shown that 80% of the 257 graduates plan to work in coronary and intensive care units as compared to 40% prior to the course and that training has resulted in both increased knowledge and improved performance. Although this project is entering its final year of RMP committed support, the information included in the application indicates the Region feels there is a continuing need for this type of activity in the Region's future plans.

Project #4 - Emergency Resuscitation Team Project. — Requested $26,875

This activity was supported last year at a $35,500 level. Continuation funds are requested to pursue the following objectives: (1) to train a team nucleus for individual hospitals; (2) to assist these hospitals to train other personnel in emergency resuscitation; (3) to train members of teaching teams for each Heart Association Chapter to provide for continuing education in emergency resuscitation; and (4) to help hospitals to evaluate the success of their team's efforts.

This activity is jointly sponsored by the Pennsylvania Heart Association and the University of Pittsburgh. The courses are held in Pittsburgh. Five courses have been held and five additional courses are planned during the remaining six months of this operational year. Twenty-four hospitals participated in the first five courses. Three of the remaining courses were fully subscribed when this application was prepared. At the end of this project, a survey of the Region's hospitals will be repeated to determine the number who have instituted full emergency resuscitation team programs as a result of this project.

Requested
$50,000

Project #7 - Establishment of a Regional Medical Program Library System.

This activity was supported at a similar level last year. The Region feels this project has met with considerable success in meeting the following objectives: (1) to strengthen local hospital libraries; (2) to promote cooperation among these libraries; (3) to disseminate information directly in response to requests for copies of individual articles; and (4) to provide information in response to requests for a search of the literature for information regarding a specific problem. Considerable statistical-use data is provided. Although strongly endorsing the continuation of this service, the Regional Advisory Committee recommended that support be sought from other community resources after its final RMP funding year. Hospitals will be expected to contribute as well as the Regional Medical Library in Philadelphia. Such support is likely to be inadequate and the Region's plans for the second and third year of the triennium are that this activity be continued at a $30,000 level as a core activity. A total need for the expanded activity is estimated at $75,000.

Requested
$75,000

Project #8 - Laurel Mountain Home Health Aide Project.

This project was activated last year entirely through carryover funds at a $76,600 level. The activity was approved by Council for a three-year period and this application requests funds for the remaining two years. It is sponsored by the Community Nursing Service of Johnstown, Pennsylvania, Inc. The original objective was to make available to patients in a rural area of four counties (Bedford, Cambria, Clearfield and Somerset) adequate home health services where such services had not previously existed. Since the project was activated, the sponsors have expanded the geographic scope by opening a satellite agency in Glasgow, in the northeastern section of Cambria County. Later, the satellite was moved to a location more central to the service area. In November, another satellite was opened in Jennerstown, Somerset County. A hospital-based agency is scheduled for April 1971 in Bedford County. RMP funds are only used to pay expenses for the training of home health aides.

This activity was operational for only three months at the time the application was prepared. The Region plans to evaluate it on the basis of quality of care and cost effectiveness. Approximately $38,000 was expected to be unexpended in this project's current budget.

Second Year Request
$80,000

Project #9 - Training of Cancer Chemotherapists for the Community Hospital. — Requested $44,820

This project was activated September 1, 1970 through rebudgeted funds at a $32,400 level. It seeks to provide training in Chemotherapy to six practitioners from the Region every six months through preceptor-directed clinical experiences over a six-month period on a one day per week basis. It is sponsored by the Western Pennsylvania Hospital Association and was begun with the establishment of an office in the Mellon Pavilion at Western Pennsylvania Hospital. Five students began their preceptorship program on November 1, 1970. In addition, a symposium on Cancer Chemotherapy was held in November attended by 42 physicians, 13 registered nurses, eight residents, seven medical students and two interns.

It is planned that the preceptor group and the community chemotherapists will develop guidelines for the use of chemotherapy in the community hospitals of the Region. Evaluation in the future will include particular attention to the register of patients brought under treatment by the participating trainee physicians. In addition, the physician will provide, each quarter, a description of the progress of patients under his care. Changes in referral patterns and the establishment of cancer teams will be identified.

Six students were being recruited for the next preceptor program at the time the application was prepared. The Region expected no difficulty in filling the course.

Full second and third years are requested with a partial fourth year to afford the activity three years of operation.

Third Year	Fourth Year
$46,995	$4,800

Renewal Project

Project #6R- Training of Nursing Home Personnel. — Requested $143,445

When this activity was originally submitted as part of the Region's initial operational application, three years of support were requested. However, Council approved it as a demonstration project for a period of two years. While there was no question that the training was aimed at filling a documented need, Council felt that relationships needed to be established between the referral agency, the hospital and the nursing home, and the curriculum needed to be described.

This activity was funded at levels of $125,000 and $137,500 for its first and second years. The application states that its objectives to be pursued in the two-year renewal period are: (1) to improve the quality of nursing service; (2) to improve the quality of administration; (3) to improve discharge planning procedures; and (4) to evaluate their own services. It will provide instruction by a multidisciplinary team over an eight-month period

and follow-up for the following 12 months. Classroom instruction is directed toward the administrator and at least one charge nurse from each participating nursing home. Classroom instruction is augmented by regularly scheduled visits to the homes.

Up to now, the didactic portions have been presented only in Pittsburgh. In the renewal period, similar programs will be presented outside Pittsburgh to allow for involvement of more of the Region's nursing homes.

Nineteen homes enrolled in the first course and 23 in the second. Approximately one-third of the extended care facilities in the Region have participated in this project.

As the project continues, the Region plans to focus increasingly on the problem of adequate discharge planning. Still to be developed is a mechanism to assist the exchange of patients between hospitals and nursing homes to reduce unnecessary hospitalization and to provide appropriate secondary care for nursing home patients whose condition deteriorates.

Second Year Request
$146,337

New Operational Projects

	Requested
Project #10 - Early Care for Suspected Coronary Patients.	$37,424

This one year proposal revolves around the Region's highest priority objective. There are no other early care experiments in the Region although one presented formerly to the Regional Advisory Committee was rejected because of its reliance on telemetry and large numbers of incompletely trained personnel.

This mobile unit will operate out of Westmoreland Hospital located in Greensburg, a community of 17,800 persons, 35 miles east of Pittsburgh. It maintains 270 beds and serves a semi-rural population of 80,000. This hospital established one of the first coronary care units in the Region. It is served by a community ambulance service offering 24-hour service. Area residents recently presented the service with a fully equipped coronary care ambulance.

The State Nurse Practice Act has recently been amended to permit this experiment. The project will study the cost and effectiveness and an early care system that generally follows traditional mobile procedures but provides for a decision by the coronary nurse whether the patient is to be evaluated in the emergency room or is to be taken directly to the coronary care unit.

The November 1970 Council minutes include the following policy expression: "Mobile Coronary Care Units: Experience with such units to date has demonstrated that initial costs are high and experience to date has not developed capability to predict the degree of success that can be expected for given combinations of organization, staff, equipment, population and to assure geographic coverage and regional cooperation. In subjective comparison, it seems likely that the sum required to demonstrate a mobile unit program would

produce greater benefits if invested in a well-planned preventive program instead. Council asked RMPS to advise Regional Medical Programs to fund no new mobile coronary care projects."

This proposal had been considered by the Regional Advisory Committee prior to the communication of Council's action.

Project #11 - A Regional Program for Patients with Sickle Cell Anemia. Requested $50,000

This one-year proposal, sponsored by the University of Pittsburgh, is designed to assist the 189,000 members of the black community. It aims to: (1) improve the understanding in the black community of these diseases; (2) identify patients with sickle cell anemia and related hemoglobinopathies; (3) develop a better understanding of the value of available methods for the medical and social support of patients with hemoglobinopathy through innovative medical and social care system; (4) provide continuing education for physicians caring for patients with sickle cell disease; (5) develop a facility to screen interested groups for sickle cell trait and to develop an understanding of the value of counseling for those found to have this genetic trait and (6) stimulate research aimed at correcting the consequences of inherited hemoglobin abnormalties.

Health practitioners working with the black community have tried to organize an effort for patients with sickle cell disease in Pittsburgh for over ten years.

Screening for sickle cell trait will be offered initially to employees of the Health Center. Later, the screening will be extended to black children in selected schools. The second stage screening will not be undertaken until there has been an opportunity for parents to understand the intent. Counseling will be provided by members of the Sickle Cell Society.

The evaluation will be accomplished through seven mechanisms which, generally, include recording the number of educational devices developed, an opinion poll, changes in the use of medical facilities by patients, the number persons screened and the incidence rate, and the number of persons referred to the clinical research facility and the use of new treatments.

Project #12 - Regional Program for Patients with Diabetes Mellitus. Requested $50,000

This two-year proposal aims to: (1) study the diagnostic and therapeutic practices used for hospitalized patients with diabetes; (2) provide a Regional consensus as to needed diagnosis and treatment programs; (3) identify for practicing physicians, their colleagues with a special interest in diabetes and endocrinology; and (4) strengthen the relationship between these physicians and those in the Region with similar interests in the Health Center teaching hospitals in Pittsburgh.

Pennsylvania is second among the 50 States in the reported mortality from diabetes mellitus. Six hospitals have indicated their willingness to participate in this project. Three of these hospitals are in Johnstown, one in Indiana, and two in Pittsburgh. The two Pittsburgh hospitals will provide instructors. The project format provides for the review of existing records with a formal data collection instrument, monthly meetings for physicians to be held in each participating hospital with a panel of consultants, and visits by community physicians to the metabolic-endocrine unit of the Magee-Womens Hospital under direction of the Project Director.

Evaluation will pursue the number of physicians attending, hospitals participating, records reviewed, educational opportunities identified, and programs presented in response to these opportunities. To evaluate the effect of the project on the use of diagnostic techniques in the Region, the use of the serum - insulin measurement in participating hospitals will be followed and evaluated in terms of Regional consensus as to the clinical value of this determination. The cost of the determination also will be identified.

Second Year Request
$60,000

Requested
$42,115

Project #13 - Bucktail Area Emphysema and Pulmonary Disease Project.

This is a two-year proposal to improve the care of patients with emphysema and other respiratory diseases. To accomplish this the project will: (1) develop new inhalation therapy departments in five Area hospitals; (2) demonstrate the value of a screening program for chronic obstructive pulmonary disease; (3) establish a respiratory intensive care unit in one hospital to serve the Area; (4) provide continuing education on the diagnosis and treatment of pulmonary disease for Area health professionals; (5) stimulate a developing spirit of cooperation in the four-county Area; and (6) establish communication between health professionals and institutions in that Area with those in the rest of the Region.

The request for the project generated from the Bucktail Area Advisory Group some 15 months ago following a survey of each of the hospitals in the area. The project will serve a 3,000 square mile area of the northeastern part of the Region with a population of 173,000 served by 118 physicians in general practice. There are seven hospitals in the area only two of which have established inhalation therapy programs.

The proposal includes four components: Basic training for inhalation therapy technicians, screening, respiratory care units and continuing education. The first component appears to be in conflict with RMPS policy on training of inhalation therapists and this point will be explored during the site visit. Reasonable evaluation methods have been described for each of the components.

Second Year Request
$34,378

Project #14 - Renal Disease.

	Requested
	$192,050

The original application for operational status from this Region included a three-year program for the treatment of kidney disease. The funds requested were in the neighborhood of $700,000 for each of the three years. It was an all-encompassing proposal and the April 1969 Review Committee concluded that it was rather ambitious and recommended that it be returned for revision to reflect primarily the training aspects. May 1969 Council concurred in this recommendation.

This proposal, for a three-year program, represents the revised project. However, in the interim, RMPS Guidelines for Planning a Comprehensive Regional Kidney Disease Program, have been issued and preliminary review of this proposal raises questions as to whether the revised version complies.

The site visit team will explore this situation and report on it to Committee.

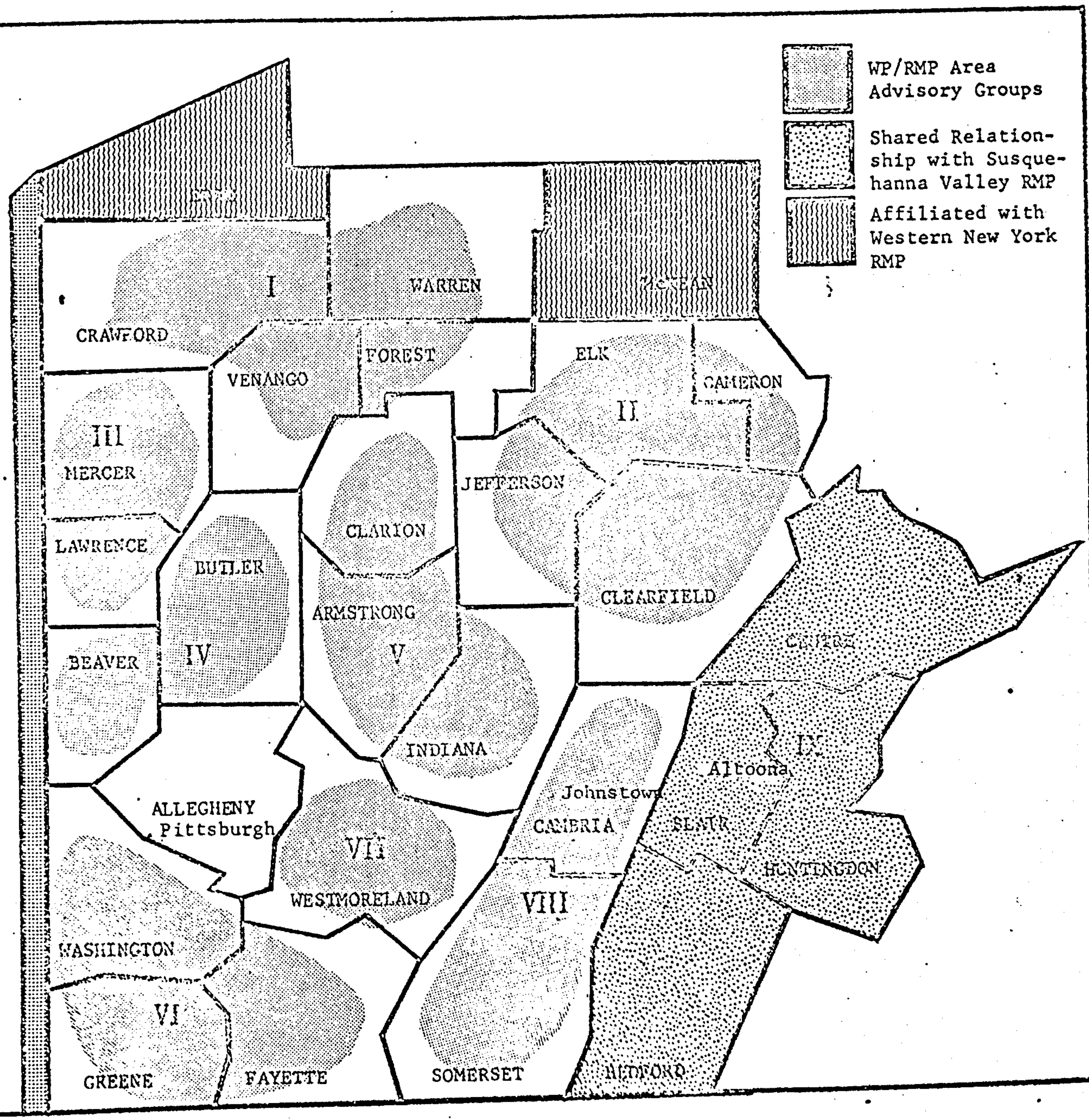
Second Year Request	Third Year Request
$275,165	$350,486

RMPS/GRB
3/8/71

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM

Area Advisory Groups

I (Crawford, Forest, Venango, Warren)
II Bucktail
III Lawmer
IV (Beaver, Butler)
V Evergreen
VI Southwest
VII Westmoreland
VIII Laurel Mountains
IX Appalachian-Highlands



SUMMARY OF REVIEW AND CONCLUSION OF
APRIL 1971 REVIEW COMMITTEE.

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM
RM 00041-03 5/71

FOR CONSIDERATION BY MAY 1971 ADVISORY COUNCIL

Recommendation: Committee recommended that the Region be awarded $1,450,000 for each of three years including developmental component funds. The ad hoc panel recommended disapproval of the revised kidney proposal, #14, on basis of technical merit.

Year	Requested Direct Costs Only	Recommended Direct Costs Only
03	$1,757,550	$1,450,000
04	$1,970,875	$1,450,000
05	$2,233,286	$1,450,000
TOTAL	$5,961,711	$4,350,000

Committee Program Critique: The recommendations of the March 10-11, 1971 site visit team were considered and unanimously recommended for approval. The Committee was impressed with the strengths of the Western Pennsylvania RMP reported by the site visitors--the program momentum generated in its first 18 months of operational status, the regionalization of its structure (with nine active sub areas each with a strong local advisory committee) the demonstrated competency of the Core staff and its leadership, and a very knowledgeable and active Regional Advisory Committee.

It was the consensus of the reviewers that the Region had proposed a viable three-year plan of growth. The Committee agreed that the goals, objectives and priorities evidenced good strategic planning and that the progress reported by the ongoing activities warrant continued support.

The new operational activities proposed for the first year of the triennium were judged to be faithful extensions of the Region's goals and objectives. However, in view of the negative findings of the ad hoc panel with respect to the revised kidney proposal, project #14, Renal Disease was recommended for disapproval. Also, project #10, Early Care for Suspected Coronary Patients, and those aspects of project #13, Bucktail Area Emphysema and Pulmonary Disease, that concern the basic training of inhalation therapists, were not recommended for approval in view of Council's policy. With respect to project #10 the Committee noted that coronary care is the Region's highest priority; that the feasibility study preceding this proposal began in 1969; and that the proposal was approved by the Regional Advisory Committee prior to the enunciation of Council's policy with respect to such experiments.

The Review Committee agreed that the Western Pennsylvania RMP had convincingly demonstrated the capability to receive developmental component funds. The well-judged use of program funds last year for planning, feasibility studies,

and seed money, coupled with the types of investments described as developmental opportunities for the triennium were considered in arriving at this recommendation.

The reviewers endorsed the very favorable impressions of the site visitors with respect to the Core staff role in this Region, its demonstrated competence, and its excellent leadership. Committee agreed that an increase in the level of Core support was warranted.

The site visitors had recommended, and the Committee agreed, that the Region's review process meets the requirements for decentralization. The process involves collaborative efforts of staff with the proposer, technical consultants from categorical committees, task forces and area advisory groups, on-site review by members of the Operational Grant Review Committee and technical consultation from within or outside the Region. The area-wide CHP agency in the southwestern part of the Region is afforded opportunity to comment.

The Committee approached the "unspecified growth funds" request cautiously. The concept of a region operating within a broadly described triennial plan without referral to Committee/Council for specific project approval at such times as new activities are implemented was not fully discussed. While the Committee approved the level of funding recommended by the site visit team (which provides "growth funding") Committee did so with the understanding that those activities now only generally described but planned for implementation later in the Region's triennium, will be submitted through the review process for specific evaluation.

The recommended level of support developed by the site visit team and recommended for approval by the Committee was arrived at in the following manner:

Core support	$ 650,000
Developmental Component	100,000
Operational Activities (continuing, renewal and new)	700,000
	$1,450,000

No funds for projects #10 or #14 were included in these amounts. Also, the reduction of funds for project #13 is reflected in the above computations.

Panel Technical Critique: With respect to project #14, Renal Disease, which is a revision of a previously submitted proposal, the Panel recommended disapproval. While there would seem to be adequate professional staffing to conduct the project in most respects, there were grave doubts as to their harmonious relations and commitments. Although the million dollars earmarked for kidney disease activities from the State of Pennsylvania has not yet been apportioned, this proposal lacks the element of coordination with other RMPs in the State. The reviewers felt that training periods of two and three weeks were too short to be of real value. The relationships of the hospitals are not well worked out.

RMPS/GRB
4/22/71

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 19, 1971

Reply to Attn of:

Subject: Quick Report on Western Pennsylvania Site Visit - March 10-11, 1971

To: Acting Director
Regional Medical Programs Service

THROUGH: Acting Deputy Director
Regional Medical Programs Service

The team was composed of the following members:

Leonard Scherlis, M.D., Chairman, Professor of Medicine and Chief, Department of Cardiology, University of Maryland Hospital

Franklin G. Ebaugh, M.D., Dean, College of Medicine, University Medical Center, University of Utah

John A. Mitchell, M.D., Deputy Director, California Committee on Regional Medical Programs

Edith V. Olson, R.N., Nursing Coordinator, Rochester Regional Medical Program

Frederic Westervelt, M.D., Assistant Professor of Internal Medicine, University of Virginia Medical School

Gerald Gardell, Chief, Grants Management Branch
Rebecca Sadin, Continuing Education Branch
Loretta Brown, Planning and Evaluation Branch
James Smith, Regional Development Branch
Lorraine Kyttle, Grants Review Branch
Clyde Couchman, Regional Representative
Rodney C. Mercker, Grants Management Branch

Briefly, the visitors came away with concerns in some areas, but with the unanimous impression that we had visited an energetic, effective Region.

The areas of concern are:

This is a provider-oriented program that deeply feels the politicizing of health care programs is the business of CHP -- it sees this as the

natural division between the two programs. It candidly attributes its progress to its provider base. Agreement was reached to expand its representative structure to include the social groups it serves.

The visitors believe that many of the general responsibilities and specific assurances vested with most grantees have been delegated in this Region to such an extent that the grantee may be a paper organization.

The areas of strength:

A tremendously energetic Core staff, bound together by unusual espirt de corps and competence.

An involved and knowledgeable Regional Advisory Committee that listens to and works well with its Local Advisory Committees. The Chairman is a real plus.

The talent of attracting the time and attention of University faculty with strong action and community-oriented bents. These are volunteers and are not on the RMP payroll.

The knack of identifying local resources and good local leadership. Western Pennsylvania's terrain makes travel difficult, particularly during the winter, and even with a very stringent "attend or be dropped" rule, Local Advisory Committees and Regional Advisory Committee involvement is very good.

A highly qualified group of nurses, deeply committed to the program both at the local level and particularly the Dean of the School of Nursing.

The skillful use of feasibility studies and seed money to address new priorities.

Funding Recommendations:

Present Level	Requested Levels	Recommended
$1,248,391 ($ 226,350 is carryover from the 01 year)	03 yr. - $1,757,550	$1,450,000
	04 yr. - $1,970,875	$1,450,000
	05 yr. - $2,233,286	$1,450,000

In arriving at a recommended level, the consultants computed the full amount for a Developmental Component, funds for some expansion of Core staff, and a revolving account for operational activities in the neighborhood of $700,000 which must support both ongoing and new activities for the full triennium. No funds were included for the kidney disease proposal; for the mobile coronary care proposal; or for the basic training of Inhalation Therapists.

The consultants also recommend that the Region be authorized to use up to 10% of its FY 71 $863,996 level for Developmental Component purposes and that the local RMP review process meets the minimum requirements for decentralization.

Lorraine M Kyttle

Lorraine M. Kyttle
Program Analyst
Grants Review Branch

A Privileged Communication

SITE VISIT REPORT
WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM

March 10-11, 1971

SITE VISITORS

Leonard Scherlis, M.D., Chairman, Professor of Medicine and Chief, Department of Cardiology, University of Maryland Hospital

Franklin G. Ebaugh, M.D., Consultant, Dean, College of Medicine, University Medical Center, University of Utah

John A. Mitchell, M.D., Consultant, Deputy Director, California Committee on Regional Medical Programs

Edith V. Olson, R.N., Consultant, Nursing Coordinator, Rochester Regional Medical Program

Frederic Westervelt, M.D., Consultant, Assistant Professor of Internal Medicine, University of Virginia Medical School

REGIONAL MEDICAL PROGRAMS SERVICE STAFF

Gerald Gardell, Chief, Grants Management Branch
Rebecca Sadin, Continuing Education Branch
Loretta Brown, Planning and Evaluation Branch
James Smith, Regional Development Branch
Lorraine Kyttle, Grants Review Branch
Clyde Couchman, Regional Office Representative
Rodney Mercker, Grants Management Branch

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM STAFF

F.S. Cheever, M.D., Coordinator, WP/RMP; Vice-Chancellor, Health Professions, University of Pittsburgh
Robert R. Carpenter, M.D., Director, WP/RMP
Enid Goldberg, Ph.D., R.N., Assistant Director for Nursing and Allied Health
H.J. Simmons, III, Assistant Director for Hospital Liaison
David E. Reed, M.D., Assistant Director, Evaluation and Medical Practice
George P. Sartiano, M.D., Assistant Director for Oncology
Ruth N. Mrozek, R.N., Nurse Specialist in Oncology

REPRESENTATIVES OF WESTERN PENNSYLVANIA REGION

James A. Rock, M.D., Chairman, WP/RMP Advisory Committee, Department of Pathology, Lee Hospital
Kenneth D. Rogers, M.D., Chairman, Department of Community Medicine, University of Pittsburgh

Harry K. Wilcox, Vice-Chairman, WP/RMP Advisory Committee; Administrator, Westmoreland Hospital
Jack D. Myers, M.D., University Professor, School of Medicine, University of Pittsburgh School of Medicine
Constance Settlemyer, Assistant Project Director
Catherine M. Brosky, Project Director
Lawrence F. Blackburn, M.D., Westmoreland Hospital
Raul Mercado, Jr., M.D., Department of Radiology, Presbyterian-University Hospital
Donald Cohen, M.D., Pathologist, Sharon General Hospital
Dane R. Boggs, M.D., Department of Hematology, University of Pittsburgh School of Medicine
Nathaniel Murray, President, Sickle Cell Society
James A. Stewart, Jr., M.D., Director of Ambulatory Care, Mercy Hospital of Pittsburgh
Donald N. Medearis, Jr., M.D., Dean, School of Medicine, University of Pittsburgh
Mrs. Hattie Hickman, Staff, Pittsburgh Model Cities Agency
Thomas W. McCreary, III, Rochester General Hospital
Lee H. Lacey, Executive Vice-President, Harmarville Rehabilitation Center
Mrs. Maude H. Malick, OTR, Director, Occupational Therapy, Harmarville Rehabilitation Center
Daniel E. Leb, M.D., Director, Renal Therapy Unit, Presbuterian-University Hospital
Edward F. McCrossin, Jr., Secretary, WP/RMP Advisory Committee; Executive Director, Hospital Council of Western Pennsylvania
Marguerite J. Schaefer, Dean, School of Nursing, University of Pittsburgh
David W. Clare, M.D., Chairman, WP/RMP Cancer Committee
John G. McCormick, Chairman, WP/RMP Community Involvement Committee; Associate Executive Director, Health and Welfare Association of Allegheny County
Dan J. Macer, Chairman, WP/RMP Bylaws Committee; Assistant Vice-Chancellor, Health Professions, University of Pittsburgh
Edward H. Noroian, Chairman, WP/RMP Nominations Committee; Executive Director, Presbyterian-University Hospital
J.E. Ricketts, M.D., Chairman, WP/RMP Stroke Committee; Medical Director, Harmarville Rehabilitation Center
Waldo L. Treuting, M.D., Chairman, Board of Directors, Western Pennsylvania Comprehensive Health Planning Agency; Professor and Head of Department of Public Health Practice, Graduate School of Public Health, University of Pittsburgh
Frank M. Mateer, M.D., West Penn Hospital, Pittsburgh, Pennsylvania

INTRODUCTION

The site visit was in response to an application from the Western Pennsylvania Regional Medical Program proposing a three-year plan of action and growth. Under the Anniversary Review and Award System, the WP/RMP had no options to submit applications during its second operational year. The request submitted for this review cycle reflects the Region's decision to submit a triennial application on its anniversary rather than an application geared only to its plan for the next year.

In addition to displaying the specific activities to be continued and new activities to be initiated in the upcoming year, the application described new thrusts presently in the planning stage which are scheduled for activation in the second and third years of the triennium.

The purposes of the site visit were to assess the Region's overall progress, its current quality, its prospects for the next three years, and to arrive at a funding recommendation based on the intrinsic quality of the program.

ORGANIZATION OF THE REGION

James A. Rock, M.D., Department of Pathology, Lee Hospital, Johnstown, Pennsylvania and Chairman of the Regional Advisory Committee, and F.S. Cheever, M.D., Vice-Chancellor, Health Professions, University of Pittsburgh and Coordinator, Western Pennsylvania RMP opened the meeting with a short resume of the Organization of the Western Pennsylvania RMP. When the legislation on regional medical programs was passed, Dr. Cheever gathered approximately 50 medical and hospital leaders in Western Pennsylvania who decided to develop a planning grant application. The University Health Center of Pittsburgh was agreed on as the grantee. This is a corporation originally composed of four and now comprising five large hospitals affiliated with the University for teaching, training and research. Once the planning and initial organizational effort was accomplished, the Region experienced difficulty in getting off the ground until Dr. Carpenter was appointed Program Director. In response to a request for more detail on the Cheever vis a vis Carpenter relationship, Dr. Cheever replied that Dr. Carpenter as Program Director "does everything" and that he (Cheever) serves in a supplementary role, principally as the link between the RMP and the University. Dr. Carpenter volunteered that he values Dr. Cheever's relationship not only to the Board of Trustees but to other segments of the community RMP serves. Dr. Cheever had mentioned certain distrusts in the medical community concerning RMP in its formulative stages. Dr. Rock, in responding to a site visit team question regarding that point, feels RMP afforded the first real forum in which some of these distrusts could be dispelled. In Dr. Rock's view, the combination of Dr. Cheever's link with the University and Dr. Carpenter's method of operating with medical communities in the Region are very valuable attributes and contribute heavily to the RMP's success.

During this discussion, the team learned of the existence of a "Coordinator's Staff Conference." This group, which is not shown in the Region's organizational structure chart in the application, is composed of some six or seven members. It meets with Dr. Cheever every fortnight or when it has business

to discuss. At this time, its members include Dr. Carpenter, Dr. Rock, Dr. Medearis, Mr. Macer, Dr. Cheever, Dr. Rogers, Dr. Leonard and Dr. Johns. Dr. Cheever described it as a mechanism to exchange information with no legal responsibilities or accountability. Dr. Rock was asked if this means the WP/RMP operated on two levels. He replied that Dr. Cheever guides rather than pushes--that the RAC is quite open in its deliberations with no problem regarding the Coordinator's Staff Conference--RAC has never felt they were constrained by either Dr. Cheever or the grantee--the Board of Trustees had never vetoed a RAC action. The site visit team met privately with Dr. Carpenter the next morning to discuss several points one of which was the rationale of continuing the organizational structure whereby Dr. Cheever is designated Coordinator (with a "Staff Conference" mechanism) and Dr. Carpenter is Director of the program. Dr. Carpenter stated that the current arrangement is acceptable to him; that it affords him the opportunity to relate to the medical community in Allegheny County in the different manner that is required; that he would not want to work in a regional medical program without strong University ties; that to operate differently in reaching the community would possibly be to have the program under CHP; that he believes we are feeling the pressures to politicize the program.

After discussing the role of the University Health Center of Pittsburgh as the grantee, the team concluded that many of the general responsibilities and specific assurances vested with most grantees seem to have been delegated by the Center to the extent that the grantee may be a paper corporation.

Dr. Donald N. Medearis, Jr., Dean of the School of Medicine, University of Pittsburgh, described the Relationship of the Health Center and the RMP. He said the school has the pleasure and the obligation to participate. Because he views continuing education as becoming oriented towards "career renewal" he sees the University playing a larger role in that field and that Medical School/RMP relationships will increase. The expansion of the categorical emphasis to primary and comprehensive health care will, he feels, help this relationship.

OBJECTIVES AND PRIORITIES

Dr. Kenneth D. Rogers, Chairman of the Department of Community Medicine, and one of the original WP/RMP proponents, spoke about Setting Objectives and Priorities. Dr. Rogers said that their first efforts were to fund activities that they felt were visible, high impact projects. The Region was struggling with its own objectives which had not been defined nationally. The RAC established a task force (composed of RAC members plus other providers in the community) which developed objectives based on "best practices." Through evolution they found that staff, project proposers, and RAC's ideas were beginning to jell and that they were more comprehensive than they had originally thought. When the objectives were charted, the grid began to fill in and yet it provided for innovation.

Mr. Harry Wilcox, Vice-Chairman of the RAC and Administrator, Westmoreland Hospital, Greensburg, Pennsylvania spoke on Management by Objectives. He said objectives were the result of strategic planning. This includes regional allocation of resources and upward and downward movement of ideas.

Dr. Jack D. Myers, Professor, School of Medicine, spoke on Protecting The Innovator. In addition to the structured system, Dr. Myers has championed the need for a person with a different idea to have access through the system. He feels seed money should be available for innovative opportunities and feels RMP has displayed good vision in this area.

Dr. Rock covered the Ordering of Priorities and in his opening remarks alluded to his interest in how RMPS set its priorities with $70 million. A planning conference attended by 250 volunteers attempted to establish priorities. Group dynamics and discussion in the sub areas and Area Advisory Groups with input from staff as well as budget restrictions all contributed to the ordering of priorities. Staff brings these from the LAC to the RAC and RAC refines. The present plan was begun as a tentative plan; was found to be workable and is now called the current plan; it will be revised constantly as requirements dictate. National priorities were identified as one measure for a revision requirement.

Dr. Carpenter described the Role of Staff in setting objectives and priorities. He placed staff in the role of the change agent, sensitive to national priorities. He stated that the RAC did not always buy staff's ideas on priority ordering, and gave primary care as an example. Of some 50 sub-objectives developed almost two years ago, 15 are implemented, 14 are underway, nine have been dropped (unproven health care objectives) nine are stalled and three are being developed at this time.

Sharp questioning followed these presentations concerning what the site visitors perceived as an almost exclusively provider-oriented system. Dr. Rock stated he feels RMP/CHP are the two most important agents in Western Pennsylvania for impact on health care delivery. He feels that RMP should be provider-oriented because it asks providers already working in the delivery system for voluntary efforts to change and improve that system. He sees the provider-oriented base of WP/RMP as a natural division between CHP and RMP. He conceded that CHP in some parts of Western Pennsylvania is still formulative, thereby giving the consumer no real voice. Dr. Rock also is a member of the CHP Council. Dr. Rogers stated that the stance WP/RMP took allayed the apprehension of the medical community who realized they would not be overwhelmed by other forces. He feels that the term "provider-oriented" should be more clearly restated as based on need and realities rather than on consumer demand. It was, he said, the provider's perception of need that led them to the "best practices" concept. Dr. Carpenter stated that within their best practices concept built on need, the RAC has rejected more proposals than it has approved and that the rejections were based on both poor technical quality as well as low priority need for the Region.

EVOLUTION OF PROJECTS AND FEASIBILITY STUDIES

Dr. Alvin Shapiro described the ongoing Hypertension Management project which is entering its last year of RMP committed support. The knowledge gained through this effort hopefully will result in future funding through the community hospitals and NIH. Dr. Rock identified Dr. Shapiro as an early University self-starter who saw RMP as a valuable community link. In addition to the small RMP investment Dr. Shapiro had garnered a great deal of University manpower and money for the project.

Dr. Enid Goldberg described the ongoing Coronary Care Nurses project which enters its final year of RMP support. The Region feels it is a highly successful program. Dr. Carpenter stated that in their order of priorities partial support from RMP is possible but it will probably fall below a total support base.

Miss Catherine Brosky discussed the ongoing Regional Library System and Dr. Carpenter outlined his plans to obtain future partial support for this activity through hospitals (by charge) and the National Library of Medicine.

Next the team learned about the effect of feasibility studies.

Mr. Wilcox and Dr. Lawrence Blackburn both of Westmoreland Hospital traced the opportunity, through the responsiveness of RMP, to develop a study of earlycoronary care in Westmoreland County. The study was initiated July 1969. The County was the first Area in the Region with a coronary care unit and the topic in the medical community is transportation of the coronary patient. Two proposals emerged---one was rejected by the RAC and one approved. The latter is included in the present application. RMP contributed less than 50% of the total cost. The area advisory group zeroed in on a mobile coronary care unit rather than equipping a conventional emergency vehicle to reduce variables and increase evaluation benefits.

Drs. Raul Mercado, George Sartiano and Donald Cohen, discussed the value of feasibility studies conducted with partial RMP support in the cancer program area. They described the thin distribution of resources outside the Pittsburgh area and as a result of the study decided to develop continuing education programs based in local hospitals. One of the valuable spin offs of the study is that radiologists are now willing to send their patients for radiotherapy consultation to the Center.

Dr. Dane Boggs, Mr. Nathaniel Murray and Dr. James Stewart discussed how the sickle cell project evolved from a feasibility study started a year ago. As part of a survey, it was found that seven out of eleven people in the Allegheny County area did not know what sickle cell disease was. 70% of the Region's Black community lives in Allegheny County. The group has developed a public awareness plan of what can be done for people suffering from the disease. A Sickle Cell Society has been formed and a screening program is on the books. The group also has worked thru the Allegheny County School system with enthusiastic acceptance. The University of Pittsburgh has launched a research program and is merging with other research efforts in the country. Realizing that not all of the Black community would receive hospital care in areas that are acutely aware of the disease, the society is sponsoring a program beamed at the staffs of those hospitals to make them more aware of the disease and the trait. They are also working on the emergency room problem. Screening and genetic counselling are items to be pursued under the operational plan.

Dr. Carpenter summed up this portion by saying that generally, feasibility studies fall into two categories:

> Those that pre-study the plan for a project and those that build on existing data from the Hospital Utilization Plan system. The Western Pennsylvania RMP is a participant in HUP.

David Reed, M.D., Assistant Director for Evaluation and Medical Practice, WP/RMP, told the team about the Region's Use of Evaluation and Planning Data. The Region participates in the Harvard Information Support System which uses a broad sociologic program approach. They believe the inputs from the system are helpful but in their view the study needs a stratafied listing of persons aware of health care problems. In addition to Dr. Reed's core staff activities, evaluation has built on other small segments and efforts not qualifying as feasibility studies or projects. The Region had developed a standard quarterly reporting format for project directors supplying data sheets and anecdotal information. The Region is collecting measures of behaviorial and attitudinal change and is tackling the total sociological measurement which they described as a tough challenge. As an example of one effort to evaluate a facet of total program impact, the Region is measuring the man hours of University personnel spent directly in or with the community, measuring the Region's 01 year against its current 02 year. The opportunity to review the medical practice records of many of the Region's hospitals had been successfully courted and Drs. Carpenter, Reed and Rogers are engaged in that effort with assistance of medical students.

WHERE THE REGION IS GOING

Mr. Edward McCrossin, Jr., Director of the Hospital Council of Western Pennsylvania and Secretary of the RAC discussed the Effectiveness and Future Role of the Program. Mr. McCrossin is also Chairman of the RAC's Operational Grant Review Committee. He said it was very difficult to interconnect the Region. The terrain has resulted in hospitals built on local bases. The Region has never before been served or surveyed on a regional basis by any active planning group. (Mr. McCrossin's emphasis). The Region's hospitals are terribly obsolete. He thinks RMP has fielded a well balanced program and is delighted with the uniqueness of the program not being structured on the basis of population or State lines. Within his experience, he has found no other program that could transport planning into action in areas with essential hostilities to any other area or large city the way Western Pennsylvania RMP has. He would never have believed two years ago that a small community hospital would give its records to a planning body for audit of medical care rendered. Mr. McCrossin feels strongly that RMP is the first agent in the area that has demonstrated the ability to coordinate and that if the CHP has the effect of review and comment authority "they had better have the expertise to do it."

Dr. Carpenter then led a discussion of Projects Proposed in the Current Plan. On the subject of Primary Care he was joined by Marguerite Schaefer, Dean of the School of Nursing, Mrs. Hattie Hickman of Model Cities Agency and Mr. H.J. Simmons, Assistant Director for Hospital Liaison, Western Pennsylvania staff. Dr. Carpenter started the discussion by stating that primary care is different things in different parts of the Region. Some of it takes the form of psycho-social support. He feels they can go so far in primary care planning but do not have the resources for the primary care involved. RMP representatives, the Vice-Chancellor and union representatives met recently to develop guide-lines for an HMO. The Model Cities representative described the plight of the

Pittsburgh area. There seems to controversy over the number of hospital beds needed and over the question of renovating existing antiquated facilities versus building. They hope RMP can help with planning assistance. The Region's proposed referral project, still in planning stage, is endorsed and needed. Dean Schaefer described the proposed pediatric nurse practitioner program and its future contribution to comprehensive primary care. She said it stemmed from an RMP based limited feasibility study the summer before. It began as an experiment with ten trainees. She already sees things that will be changed the next time around. The next step is the medical nurse practitioner. She feels the combination of the pediatric and medical nurse practitioner will make a real impact. She plans to modify the curriculum of the preprofessional students in nursing so that four years hence graduates will be prepared to practice in the specialty practice of ambulatory health care. She states she will have no trouble filling 100 slots -- the experiment was twice subscribed without recruitment. The VNA director is retiring and they are now recruiting her replacement. She sees the possibility of a combination VNA-PH nurse. There is no in-house setting where family practitioner experience can be gained.

Mr. Thomas W. McCreary of Rochester General Hospital, Beaver County, Pennsylvania and Ruth N. Mrozek, R.N., WP/RMP staff spoke about the Region's developing plans for nursing support of the community hospital cancer care team. Miss Mrozek is a graduate of the Master's degree program for cancer nurse specialists at the Pittsburgh School of Nursing. The cancer care team activity is receiving support from local Cancer Societies and with complementing RMP funds is scheduled for operation in Mid 1971. It is estimated that 70-80% of the required support should be self-generated after the first year of its operation.

Mr. Lee Lacey, Executive Vice President of the Harmarville Rehabilitation Center, Harmarville, Pennsylvania, and Mrs. Maude Malick, OTR, also of the Center described the plans for a rehabilitation mobile training and demonstration activity for MD's RN's, PT's, OT's and supportive personnel. The vehicle is still in the design stage -- one of its uses is to complement the RMP ongoing nursing homes project. Four areas with an estimated 3,000 paralysis patients are being studied. There are no rehabilitation facilities in the areas other than a County Home and a VA hospital. Local hospitals are identifying discharged patients requiring rehabilitation.

Of the five specified new activities to be implemented in the first year of the Region's triennium, only the revised kidney disease project was subjected to an in depth review. Dr. Westervelt met separately with Dr. Leb, the proposed acting project director, and Dr. Westervelt's comments have been forwarded to the ad hoc technical panel meeting today on kidney disease proposals. Dr. Westervelt's conclusions were that the proposal could not be supported in its present form but that a little "developmental money" could help this potentially capable (if better organized) group get this project going.

The Executive Committee jointly discussed the Strategy for Developmental Component which covered the areas of the value of the feasibility activity; the review mechanism for a developmental component and the effect of limited funds on program development. The following is an abbreviation of their collective statements:

- The Executive Committee meets monthly and is composed of all the Chairmen of the special committees plus the Chairman of the RAC, a Vice Chairman (Mr. Wilcox), a Secretary (Mr. McCrossin who is also Chairman of the Operating Grant Review Committee) and Dr. Cheever.

- So much of what has been done in the past was through the Developmental Component concept funded with carryover that if no developmental funding is permitted, it will have a drastic effect on the program.

- They are deeply concerned over how much real autonomy will be permitted.

- They have a constituency of approximately 460 involved providers and they feel the full RAC has demonstrated tremendous commitment. Even with the Region's terrain which makes travel difficult, a very stringent "attend or be dropped" rule resulted in the loss of only six out of 48 members. Replacements are being considered.

- RAC has had to make decisions before, based not only on quality and need, but on funding restraints and they can do it again.

- Retrenched funding will require the consideration of re-ordering priorities which will begin with Staff consultation with local advisory groups, a proposal developed by the Executive Committee, and presentation to the full RAC for discussion.

- They feel the program as it is presently constituted has a level below which it cannot operate and significantly retrenched funding will require the scrapping of a highly successful concept.

- The existing review procedures will apply for developmental component proposals with latitude delegated to the Program Director to act independently in cases combining a request for less than $10,000 for a duration of less than 12 months. Periodic post reporting to the RAC is required.

Waldo Trueting, M.D., Chairman of the Board of Directors, Western Pennsylvania Comprehensive Health Planning Agency and Professor and Head of the Department of Public Health Practice, University of Pittsburgh, was joined by Mr. Dan J. Macer, Assistant Vice-Chancellor, Health Professions and Chairman of the RMP-CHP Task Force in a discussion of the Relation of RMP and CHP. CHP in Western Pennsylvania became operational in December 1969. Dr. Trueting said RMP was instrumental in getting them started. They had no money while RMP had both dollars and interest. Mr. Macer was instrumental in interesting representatives from 31 counties in Western Pennsylvania and

Southeast Ohio as well as the West Virginia panhandle. The final proposal covered 12 counties in Southwestern Pennsylvania in forming six sub-area Councils. Of 69 members of the area Council, 37 are consumers. The B agency formed went directly to an operational status. There is overlapping RMP-CHP membership on the board at the A level. Mr. Macer is the Chairman. Dr. Rock is another overlapping member. CHP in Western Pennsylvania does not consider itself a master planning agency--it feels its role is to stimulate and coordinate the planning of agencies. The B agency has no regulatory authority. Other B agencies are being planned, but other than the two that have been formed, no others exist at this time.

THE CONCLUSIONS OF THE CONSULTANTS

The visitors came away with concerns in some areas, but with the unanimous impression that they had visited an energetic, effective region.

The areas of concern are:

This is a provider-oriented program that deeply feels the politicizing of health care programs is the business of CHP -- it sees this as the natural division between the two programs. It candidly attributes its progress to its provider base. Agreement was reached to expand its representative structure to include the social groups it serves.

The visitors believe that many of the general responsibilities and specific assurances vested with most grantees have been delegated in this region to such an extent that the grantee may be a paper organization.

The areas of strength:

A tremendously energetic Core staff, bound together by unusual espirt de corps and competence.

An involved and knowledgeable Regional Advisory Committee that listens to and works well with its Local Advisory Committees. The Chairman is a real plus.

The talent of attracting the time and attention of University faculty with strong action and community-oriented bents. These are volunteers and are not on the RMP payroll.

The knack of identifying local resources and good local leadership. Western Pennsylvania's terrain makes travel difficult, particularly during the winter, and even with a very stringent "attend or be dropped" rule, Local Advisory Committees and Regional Advisory Committee involvement is very good.

A highly qualified group of nurses, including the Dean of the School of Nursing, who are deeply committed to the program.

The skillful use of feasibility studies and seed money to address new priorities.

Generally, the organizational structure is good, with reservations about the Coordinator/Director arrangement.

The ongoing operational projects are making excellent progress, considering the fact that the Region is only in its second operational year and two activities are in their first year.

The Region's progress in the area of project and program evaluation is very good and its new approaches to total impact measurement are excellent.

The local review process meets the requirements for decentralization.

The Region had demonstrated the capability to receive developmental component funds.

The goals and objectives are clearly stated and well aligned to the Region's operational approaches. The decision-making bodies that developed them also developed mechanisms for priority re-ordering. Improvement could be made here by interfacing goals and objectives with total program targets--that is, to first state the changes in health care delivery the program hopes to effect in addition to stating the methodology the Region intends to pursue.

FUNDING RECOMMENDATIONS:

Present Level	Requested Levels	Recommended
$1,248,391	03 yr. - $1,757,550	$1,450,000
($ 226,350 is	04 yr. - $1,970,875	$1,450,000
carryover from	05 yr. - $2,233,286	$1,450,000
the 01 year)		

In arriving at a recommended level, the consultants computed the full amount for a Developmental Component, funds for some expansion of Core staff, and a revolving account for operational activities in the neighborhood of $700,000 which must support both ongoing and new activities for the full triennium. Based on Dr. Westervelt's findings after consulting with the proposers of the kidney disease project, no funds were included for that activity. The proposal will be reviewed by an ad hoc panel April 14-15th for submission to May 1971 Council. Also, in view of Council's statements regarding the funding of mobile coronary units, no funds were included for the proposed Early Coronary Care project. Funds were also deleted for that portion of the Bucktail Area Emphysema and Pulmonary Disease Project which covers the basic training of Inhalation Therapists.

Following the feedback session, Dr. Rock thanked the visitors for sharing their views with the Region and asked that as part of a two way communication, the team relay the following message from the Region:

> The deeply involved manpower in the Region constitutes a valuable constituency and yet they are frustrated by changing leadership at the Federal level and by their inability to understand the rationale of constantly shifting "rules." If they are to be of real value, RMPS simply must get away from the "carrot and stick" basis of operation.

During the past year, it has been extremely difficult to successfully relay to their very strong area groups who have deep commitments to the program that limited funding simply does not permit them to do many of the things they know need to be done.

Dr. Rock acknowledged this as only his second meeting with Mr. Couchman and his first contact with Mr. Smith. He asked that RMPS representatives "meet with us when we meet" as the only real way they will understand the Region.