# \*E001209\*

## DRAFT

#### OUTLINE FOR

9/20/72

## REGIONAL MEDICAL PROGRAM DECISION PAPER

### ADDENDUM #1

## I. NARRATIVE

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- A. Description of Program
- B. Criticisms of Program
  - 1. Lacks Coordination
  - 2. Brownian Movement
  - 3. No Overall Detectable Strategy

Pout. educ -4.

## C. Strength of Program

- Establishment of workable and new acceptable linkage between Federal Government and the professional providers.
- 2. Productive dialogue has been established between and among formerly disparate interest in most communities as a consequence of the establishment of the program.

Be med sch - comments + distr. (EmS.) There will a Film of the transformer + distr. (EmS.) Federal Needs

- 1. Implementation of quality control through utilization review, peer review and continuing education.
- 2. Means for conducting pilot experiments, demonstrations and institutional reforms working within the system.

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- 3. Implementing decisions made by CHP Agencies.
- 4. Promote HEW emphasis, i.e., HMO, EMS. 5. Blue educated and yout 18 savines -
- II. ISSUES AND OFTIONS

Issue 1(a)

Should the local RMP units be programmatically independent?

Option A - Yes. Completely locally responsive.

- Option B Yes, but incentives for working on HEW priorities.
- <u>Option C</u> Most money obligated for HEW priorities or criteria with remaining moneys to be spent on local priorities.