

### CALIFORNIA REGIONAL MEDICAL PROGRAM

The California Committee on Regional Medical Programs was established in 1966 and is currently funded at a level of \$2,974,497. The California program has established eight subregions, each one the responsibility of one of the eight medical schools in the state. Paul D. Ward, former Health and Welfare Commissioner, is Program Coordinator. Curently under review is an operational request with fourteen projects totaling over twelve million dollars.

The new San Diego Medical Center is in the planning phase. A local advisory group has been organized and the program is involved with furthering relationships with the medical community of Imperial County and with towns in the northern part of San Diego County.

An operational project in the Watts-Willowbrook area focuses on the problem of improvement of health care in the "inner city" other operational projects include specialized coronary care units to make available the best care for heart attack victims, manpower training and communications technology.

More specific details on the California Regional Medical Program follows.

# California Regional Medical Program

REGION

State of California

COORDINATING HEADQUARTERS

California Committee on Regional

Medical Programs

STARTING DATE

November 1, 1966

FUNDING

Current Award: Under Review:

\$2,974,497 \$12,213,965

Projected Next Year:

\$15,000,000

OPERATIONAL STATUS

Application under review

PROGRAM COORDINATOR

Paul D. Ward

ADVISORY GROUP

1. Chairman: Roger Egeberg, M.D., Dean School of Medicine University of Southern California

Membership: 28
Medical Schools 9, Medical Societies 3,
Schools of Public Health 2, Hospital
Administrators 2, Hospital Association
Officials 1, Cancer Society 1, Heart
Association 1, State Health Officer 1,
Other Public Officials 1, Businessmen 2,
Labor 1, Other Public Representatives 4.

Preplanning activities began in September, 1965 with the formation of a group which later became the California Committee on Regional Medical Programs. The Committee met several times to prepare an application and also held two public meetings to acquaint practitioners, hospital officials and others with Public Law 89-239. These activities were supported by non-federal funds.

In December, 1966 Paul D. Ward, Health and Welfare Administrator for the State of California was appointed Director of the program.

#### ORGANIZATION AND STAFFING

The California Regional Medical Program contains nearly 20 million people, and covers the entire state. It contains eight medical schools and a vast number of health institutions and personnel.

A non-profit corporation has been formed to act as grantee and to supervise and coordinate the efforts of participating agencies. The Board of Directors of the California Committee on Regional Medical Programs has 19 members including the eight Deans of the Medical Schools in the region, the two Deans of the Schools of

Public Health, three members from the California Hospital Association, the Director of the State Department of Public Health, and the Presidents of the Heart Association and the Cancer Society.

For continued planning purposes, subregions of various sizes and population have been designated. There are eight such subregions with a medical school responsible for each:

- I. University of California San Francisco
- II. University of California Davis
- III. Stanford School of Medicine
  - IV. University of California Los Angeles
  - V. University of Southern California
  - VI. Loma Linda University School of Medicine
- VII. University of California San Diego
- VIII. University of California Irvine California College of Medicine

Each of the subregions has an Area Coordinator and a Local Advisory Group concerned with local planning and program development. The boundaries for the subregions have been arbitrarily drawn along county lines but they remain flexible; future planning is expected to eliminate overlap areas.

The subregions are at various stages of development. Some are ready to become operational while others are in the planning phase or are recruiting staff.

## REGIONAL ADVISORY GROUP

The Regional Advisory Group consists of the Board of Directors of the corporation several additional public representatives interested and knowledgeable about health affairs.

#### PLANNING ACTIVITIES

Planning is proceeding at several levels. A Data Needs Subcommittee was established to obtain morbidity and morality data, patient origin studies, and inventory of advanced clinical resources. Other studies are being done by the California Medical Association, California Hospital Association and the program itself.

Progress has been made in each of the subregions. Even before the new medical center of the University of California at San Diego was brought into the program, explorations had been started towards relationships with the organized medical community of Imperial County, and with towns in the northern part of San Diego County.

Similarly, the California College of Medicine, looking forward to a physical move to Irvine had begun to establish relationships in Orange County. Concurrently a sociologist at neighboring riverside, was drafting plans for health service utilization studies in Orange County.

The U.C.L.A. medical center has established five community committees—Santa Barbara, Fresno, Kern County, Ventura County and Santa Monica. This activity thus embraced communities covering an extensive area of advanced stages of preparation. Five additional community committees were in four separate districts along the periphery of metropolitan Los Angeles and a fifth involving the community Cedar of Lebanon - Mt. Siani Hospital complex.

The University of Southern California concentrated its planning activities within the urban core of Los Angeles. It had established inter-area coordination with the medical centers at UCLA and Loma Linda University, had embraced the Watts and Willowbrook areas into regional planning and was mobilizing county-wide facilities—such as a rehabilitation center.

Loma Linda University undertook discussions pointed toward cooperative arrangements in the area east of the Sierra Nevada. It had already established links with the medical community and the public in San Bernardino and Riverside Counties.

Sanford University Medical Center also participated in the preliminary planning in advance of its inclusion in the program. Stanford, already had many informal contacts throughout the western United States. Even in the preliminary stages of the regional medical program, Stanford established links in Monterey and several Central Valley towns.

The University of California at San Francisco undertook relationships in each of nine Bay Area Counties. Formal committee structure was set up with such groups as the Alameda-Contra Costa Medical Association. Exploratory meetings were conducted with practitioners in communities throughout the area to establish a basis for meaningful links with the university center.

The University of California, at Davis started discussions with the medical communities throughout its area. Formal committee structure had already emerged and plans for a medical-ecological study in Roseville were being drafted following the first surveys.

## Operational Activities

An operational grant application has been received from the California program. It contains 14 proposals and requests over 12 million dollars to carry them out. The following list indicates the nature of the projects in four general categories:

#### I. Coronary Care Units

- 1. University of California at San Francisco
- 2. University of Southern California
- 3. UCLA Physician Training
- 4. UCLA Nurse Training

This activity reflects a growing conviction in the medical community of the value of coronary care units. At the same time, the need for training of both physicians and nurses exists.

## II. Community - wide Projects

- 5. Watts Willowbrook
- 6. UC Davis Roseville living laboratories

Two community-wide projects are proposed to attempt improvement in urban health care. One is the depressed Watts - Willowbrook area of Los Angeles. Roseville is a typical city of inland northern California. Methods of improving patterns of care can be quickly translated for action in other communities.

# III. General Manpower Training

- 7. California Heart Association
- 8. UCLA Angeographic Training for Physicians

These two projects, one to train science students in cardiovascular research and the other to improve radiologists' skills, are efforts to attack the crucial manpower shortage.

## IV. Communications and Information Handling

- 9. RMP Medical Television
- 10. UCLA San Joaquin Video Tape Distribution
- 11. UCLA Medical Education Computer
- 12. UC Davis Mobile Video Tape
- 13. Loma Linda Computer Display
- 14. Loma Linda Library Services

These projects encompass a variety of continuing education activities making broad use of electronics and ranging from pilot and exploratory demonstration projects to support for the Southern California Medical Television Network.

# Relationship to Comprehensive Health Program

There is a close relationship with the California Department of Public Health and with Health Facilities Planning, Health Manpower Planning, and the Hill-Burton Program.

#### Chairman

Dr. Roger O. Egeberg Dean, School of Medicine University of Southern California Los Angeles, California

Mr. Francis Barnes Crown Zellerbach Company San Francisco, California

Mr. Mark Berke Mt. Zion Hospital and Medical Center San Francisco, California

Dr. Warren L. Bostick Dean, California College of Medicine Los Angeles, California

Dr. Lester Breslow California State Department of Public Health Berkeley, California

Dr. Stuart Cullen University of California Medical Center San Francisco, California

Dr. Eldon E. Ellis California Heart Association San Francisco, California

Dr. Robert J. Glaser Stanford University Medical Center Palo Alto, California

Dr. L. S. Goerke University of California Los Angeles, California

Dr. Lewis W. Guiss American Cancer Society California Division Los Angeles, California

Mr. DeWitt Higgs San Diego, California Dr. David B. Hinshaw Loma Linda University Loma Linda, California

Mr. Norman B. Houston Golden State Mutual Life Insurance Company Los Angeles, California

Mr. Herbert Kunzel San Diego, California

Dr. James C. MacLaggan California Medical Association San Diego, California

Dr. Sherman M. Mellinkoff University of California Los Angeles, California

Mr. Einar Mohn Western Conference of Teamsters Burlingame, California

Dr. John G. Morrison California Medical Association San Leandro, California

Mr. Robert E. Murphy California-Western States Life Insurance Company Sacramento, California

Mr. Ernest H. Renzel, Jr. San Jose, California

Dr. Charles E. Smith University of California Berkeley, California

Mr. J. E. Smits Kaiser Foundation Hospital Los Angeles, California

Dr. Joseph Stokes III, University of California La Jolla, California Dr. Ralph C. Teall California Medical Association Sacramento, California

Mr. Warren Thompson California State Department of Rehabilitation Sacramento, California

Mr. Thomas E. Tonkin Community Hospital of the Monterey Peninsula Carmel, California

Dr. Charles J. Tupper University of California Davis, California

Mr. Charles Z. Wick United Convalescent Hospitals, Inc. Beverly Hills, California Chairman, Board of Trustees, Texas Medical Association; the State Commissioner of Health; representatives of the cancer, heart and hospital associations, members of the public and representatives of other key organizations in the State.

Chairman of the Regional Advisory Group is Mr. Joe Allbritton, Chairman of the Houston Board of Trustees of Baylor University College of Medicine.

#### SUBREGIONALIZATION

Subregional advisory groups headquarted in Dallas, have been established for three areas in Texas: the North Texas area, the West Texas area headquarter in San Antonio and the Gulf Coast area headquartered in the Houston-Galveston area. Each subregional advisory group is designed to meet the requirements of the Act.

Included on the North Texas Liaison Committee are representatives of the University of Texas Southwestern Medical School at Dallas, the Director of the Dallas Department of Public Health, the President of Southern Methodist University, representatives of the Dallas and Tarrant County Medical Society, representatives from area voluntary health organizations and hospital associations and other area representatives.

Representated on the West Texas Liaison committee are individuals form the Meidcal School at San Antonio, Trinity University, San Antonio College, Houston-Tillotson College of Medicine at Austin, the superintendent of the Del Rio School District; area practicing physicians and hospital administrators (including one from Brackenridge Hospital in Austin); representatives from local voluntary health organizations and other area representatives.

Included on the Gulf Coast Liaison Committee are representatives from Baylor University College of Medicine, the University of Texas Medical Branch at Galveston, Texas Medical Center, Inc., the University of Texas Dental Branch, and the University of Texas Division of Continuing Education in medicine. Representatives of the Methodist Hospital and M.D. Anderson Hospital in Houston and the Texas Institute for Rehabilitation and Research in Houston are also members of the advisory group. Included among other members are area medical society representatives, voluntary health agency representatives, the City Health Director at Houston and other area representatives.

#### PLANNING ACTIVITIES

Among the planning activities in Texas are resource and data-gathering surveys, gneeral planning actions, and specific planning activities, some of which are initially statewide in scope with others targeting in on a community by community basis and building on a more narrow base. Planning for a Regional Medical Program on a statewide basis is being done at M.D. Anderson. Positions and funds were allocated for a Resource Survey and Planning for Basic elements of a Regional Cancer Program. Feasibility studies were planned for in the following areas: cancer cost study, cancer registry, communications, regional radiotherapy. The recent operational application received includes some operational components which derived out of this planning.

An allied health education program is being planned through the joint efforts of Baylor University, Methodist Hospital, and the South Texas Junior College. Other participants in planning for this program include the Houston Department of Public Health, the Houston Independent School District Vocational Rehabilitation Program, Houston Hospital Associations, the Health Careers Programs of the Texas Hospital Association; the Houston Occupational Therapy Association and Texas Woman's University.

The Baylor University College of Medicine is also considering the establishment of a Regional Training Program in Cardiovascular Diseases. Other programs being considered are: clinical and research assistant programs, continuing education, multiphasic screening pilot project, and training projects.

An operational grant request is expected to be submitted to the Division of Regional Medical Programs within the next month or two and may include such activities as cerical cancer education, a health careers personnel program, continuing education via TV and related facilities and management and rehabilitaion of storke patients.