



\*E001305\*

*Lin*

DEPARTMENT OF HEALTH, EDUCATION  
AND WELFARE

National Institutes of Health

Division of Regional Medical Programs

*distributed 7/10/68*  
*Mailed to Council, 7/10/68*

National Advisory Council on  
Regional Medical Programs

Minutes of Meeting  
May 27-28, 1968

National Institutes of Health  
Conference Room 4  
Building 31

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

Minutes of Twelfth Meeting 1/ 2/

May 27-28, 1968

The National Advisory Council on Regional Medical Programs convened for its twelfth meeting at 8:30 a.m. on Monday May 27, 1968, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Robert Q. Marston, Acting Director, Division of Regional Medical Programs, and Administrator, Health Services and Mental Health Administration, presided.

The Council members present were:

|                        |                                   |
|------------------------|-----------------------------------|
| Dr. Edwin L. Crosby    | Dr. George E. Moore (5/27 Only)   |
| Dr. Michael E. DeBakey | Dr. Edmund D. Pellegrino          |
| Dr. Bruce W. Everist   | Dr. Alfred M. Popma               |
| Dr. John R. Hogness    | Dr. Mack I. Shanholtz (5/27 Only) |
| Dr. James T. Howell    | Mr. Curtis Treen                  |
| Dr. Clark H. Millikan  |                                   |

The Council member absent was:

Dr. Helen G. Edmonds

Public Health Service members attending some of the sessions included:

Dr. K. Kasuga, Bureau of Health Services  
Mr. J.L. Pendleton, Bureau of Disease Prevention & Environmental Control  
National Center for Chronic Diseases  
Dr. E. G. Phoebus, Bureau of Health Manpower  
Dr. E. P. Offutt, Extramural Programs, OSG

Liaison members attending:

Dr. Edward W. Dempsey, NIGMS Council  
Dr. A. Earl Walker, (5/27 Only), NINDB Council

- 
- 1/ Proceedings of meetings are restricted unless cleared by the Office of the Director, NIH. The restriction relates to all material submitted for discussion at the meetings, the agenda for the meetings, the supplemental material, and all other official documents.
  - 2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

Others attending:

Dr. Lionel Bernstein, Veterans Administration  
Dr. N.G. Lawton, Yale Regional Medical Program  
Dr. Ian Mitchell, National Cancer Institute  
Dr. Stanley Olson, Vanderbilt University  
Dr. R.L. Ringler, National Heart Institute  
Dr. Mathilda Soloway, National Institutes of Neurological Diseases  
and Blindness  
Prof. Dean Wilson, University of Michigan

DRMP Staff:

Mr. Stephan Ackerman, Associate Director for Planning and Evaluation  
Mr. Edward Friedlander, Associate Director for Communication  
and Public Information  
Dr. Louis Gerber, Operations Office  
Mrs. Eva Handal, Committee Management Officer  
Mr. Charles Hilsenroth, Executive Officer  
Mr. Greg Lewis, Chief, Grants Management Branch  
Dr. Richard Manegold, Associate Director for Program Development  
and Research  
Mr. Maurice Odoroff, Assistant to the Director for Health Data  
Mrs. Martha Phillips, Chief, Grants Review Branch  
Dr. Alexander Schmidt, Chief, Continuing Education and Training Branch  
Dr. Margaret Sloan, Associate Director for Organizational Liaison  
Dr. Richard Stephenson, Associate Director for Operations  
Mr. Karl Yordy, Deputy Director, DRMP

Miss Rhoda Abrams, Office of the Associate Director for Planning & Evaluation  
Mr. Ira Alpert, Office of the Associate Director for Operations  
Mr. Robert Anderson, Office of the Associate Director for Operations  
Miss Sheila Beach, Committee Management Office  
Mr. James Beattie, Grants Management Branch  
Dr. Thomas Bodenheimer, Office of the Associate Director for Operations  
Mrs. Marilyn Buell, Grants Review Branch  
Mr. Cleveland Chambliss, Assistant Associate Director for Operations  
Mr. Peter Clepper, Grants Review Branch  
Dr. Veronica Conley, Continuing Education and Training Branch  
Miss Cecelia Conrath, Continuing Education and Training Branch  
Mr. Arthur Curry, Grants Management Branch  
Miss Judith Fleisher, Office of the Associate Director for Communications  
and Public Information  
Mrs. Elizabeth Fuller, Office of the Director  
Mr. S. Gilmer, Office of the Associate Director for Operations  
Dr. David Golde, Continuing Education and Training Branch  
Dr. John Hamilton, Office of the Associate Director for Operations  
Mr. Arthur Hiatt, Office of the Associate Director for Planning & Evaluation  
Mr. George Hinkle, Grants Management Branch  
Dr. C.A. Imboden, Office of the Associate Director for Organizational  
Liaison  
Mr. Robert Jones, Grants Review Branch  
Dr. Philip Kligon, Office of the Associate Director for Operations  
Dr. [Name], Office of the Associate Director for Planning  
and Evaluation

Mrs. Lorraine Kyttle, Grants Review Branch  
Dr. J. Mark, Continuing Education and Training Branch  
Dr. H.O. Mathewson, Continuing Education and Training Branch  
Miss Majorie Morrill, Continuing Education and Training Branch  
Miss Elsa Nelson, Continuing Education and Training Branch  
Mr. Harold O'Flaherty, Office of the Associate Director for  
Planning and Evaluation  
Miss Leah Resnick, Office of the Associate Director for Planning  
and Evaluation  
Mrs. Rebecca Sadin, Continuing Education and Training Branch  
Mrs. Jesse Salazar, Grants Review Branch  
Dr. Jack Schneider, Continuing Education and Training Branch  
Mrs. Judy Silsbee, Continuing Education and Training Branch  
Miss Jane Shouse, Office of the Associate Director for Planning  
and Evaluation  
Mr. Alphonse Strachocki, Office of the Associate Director for Operations  
Mr. Lee Teets, Grants Management Branch  
Mrs. Mary A. Teller, Office of the Associate Director for Planning  
and Evaluation  
Miss Charlotte Turner, Continuing Education and Training Branch  
Mrs. Virginia Waller, Office of the Associate Director for Operations  
Mr. Stephan Walsh, Office of the Associate Director for Planning  
and Evaluation  
Mrs. Anna Windsor, Financial Management Office

I. CALL TO ORDER AND OPENING REMARKS

Doctor Marston called the meeting to order at 8:30 a.m.

II. ANNOUNCEMENTS

Doctor Marston made general announcements about the Service Desk, and called attention to the statements on, "Conflict of Interest," and "Confidentiality of Meetings."

Mr. Curtis Treen, Director, Pension and Insurance Department, United Rubber, Cork, Linoleum, and Plastic Workers of America was welcomed as a new Council member.

Doctor Pellegrino was congratulated on his new title as Vice President for the Health Sciences, Director of the Center, State University of New York, effective April 15; and Doctor DeBakey for his new titles as Vice President for Medical Affairs, Chief Executive Officer of Baylor University, and Professor and Chairman, Department of Surgery College of Medicine, Baylor University, effective May 20.

III. CONSIDERATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for future meetings:

September 26-27, 1958  
November 20-21, 1958

These meetings will be held in Conference Room 4, Building 31, beginning at 8:30 a.m.

IV. CONSIDERATION OF MINUTES OF FEBRUARY 1968 COUNCIL MEETING

The Council unanimously recommended approval of the Minutes of the February 26-27, 1968, meeting as written.

V. LEGISLATION . . . . . Mr. Yordy

Since our last Council meeting, the House on Interstate Foreign Commerce Committee considered the Bill extending the authorization of the Regional Medical Programs. The Sub-Committee held Hearings in late March, and was chaired by Mr. Rogers of Florida. The Hearings went smoothly and well. With no significant exception, the testimony was supportive of the Regional Medical Programs' progress to date and strongly in favor of the extension of the legislative authority. There was some confusion because the Bill not only includes the extension of the Regional Medical Programs, but also the extension of services for Alcoholics and Narcotic Addicts, as well as a program for Migratory Workers. Regarding Regional Medical Programs, Mr. Rogers expressed concern about (1) the paucity of hospital involvement in Regional Medical Programs; (2) the relationship between Regional Medical Programs and Comprehensive Health Planning, P.L. 89-749. He indicated that he hoped these two programs might be more effectively dovetailed in their administration at the Federal level.

Mr. Springer, the senior Republican on the full Committee, made a brief appearance during which he recounted the budget history of Regional Medical Programs from the first administration authorization request in 1965 to the current request being made of the Congress on the extension. His point was that the funds requested by the Administration for Regional Medical Programs had been greatly in excess of the real need. His implication, that the funds currently being requested were excessive, was clear.

The Sub-Committee will make recommendations to the full Committee which will then report out HR-15758.

VI. COMMENTS FROM LIAISON MEMBERS

None of the liaison members had comments to make.

VII. CONSIDERATION OF GRANT APPLICATIONS

NEW PLANNING GRANT APPLICATIONS

Puerto Rico Regional Medical Programs

Council concurred with the recommendation of Committee for approval of this application in the time and amount requested. This will round out national planning coverage. There was agreement that the Program Coordinator has outstanding ability, and that there exists a tradition of regional medical planning which will strengthen the leadership. Also, Council members expressed their confidence that the region

be urged to recruit an Associate Director who will devote full-time to RMP activities.

Council members were aware of the unique backdrop that Puerto Rico furnishes for both P.L. 89-239 and P.L. 89-249, and regional planners are aware of this. Indeed, they believe that the two programs must work together in order to mobilize for health services.

The amounts requested are: \$194,839, first year, and \$194,097, second year, plus appropriate indirect costs.

#### PLANNING SUPPLEMENTS

##### Massachusetts, New Hampshire, and Rhode Island Regional Medical Program (Tri-State)

In discussing this application, the Council felt that it was lacking precise information as to what was desired and what could be accomplished from this support.

Therefore, during the meeting a Council member called the Region for more information. It was learned that all previously awarded funds have been committed, and that unobligated funds for additional planning activities are not available. Among other things, the request involves a new position of Regional Coordinator for Rhode Island and the acquisition of rental space suitable for the Regional Medical Program staff. The Council, therefore, agreed that these activities were appropriate and deserved support.

This supplemental planning grant application was recommended for approval in the time and amount requested of \$87,824 (six months), and \$123,717 for an additional year. Indirect costs were not requested.

##### Oregon Regional Medical Program

The Council noted that this is a modest supplemental planning grant request which will enable the Region to analyze data obtained from on-going studies and provide for additional secretarial support.

The Council recommends approval for the time and amount requested for \$34,408, first year, \$16,448, second year, and \$17,447, third year. Indirect costs are to be negotiated.

##### Mississippi Regional Medical Program

- \* The Council concurred with the recommendation of the Subcommittee on Earmarked Funds that the application for a rural community hypertension control program be deferred for a site visit to clarify a number of issues. This application is to be returned to the Review Committee and National Advisory Council for final action.

- \* Council concurred with the recommendation of the Subcommittee on Earmarked Funds of deferral for a site visit, with the report to be returned to the Review Committee and National Advisory Council

for final action.

The training program in diagnosis and treatment of chronic pulmonary diseases is a well-thought-out proposal in a region badly in need of higher quality medical care. The only questions raised about this proposal were whether support should be committed for three to five years, and if the budget requested should be reduced.

Since the Mississippi Region has already received earmarked funds for one activity and has one other being reviewed concurrent with this request, Council thought that the three might constitute an operational program. Therefore, Council recommended that a site visit be made to ascertain the Region's readiness for an operational award and to resolve the issues mentioned above.

#### Colorado/Wyoming Regional Medical Program

- \* The Earmarked Subcommittee agreed that this project for establishing a Pediatric Pulmonary Extension has merit and deserves approval. The Council endorsed this recommendation in the amount and time requested of \$74,206.

#### Maine Regional Medical Program

The Council agreed with the recommendation of the Review Committee that this is a reasonable supplemental planning grant request for funds to support additional staff and feasibility studies. It was suggested that Division staff investigate the possible overlap of personnel between this application and the operational application also under review at this time.

The Council recommends approval for the time and in the amount requested of \$163,010 for one year only. Indirect costs were not requested.

#### Illinois Regional Medical Program

- \* The Council concurred with the Earmarked Subcommittee's recommendation of approval in the time and amount requested to establish a hypertension screening program. First year funding requested \$149,000, plus appropriate indirect costs.

Doctor Crosby absented himself.

#### Alabama Regional Medical Program

It was pointed out that participation of the Mobile area in a Federally sponsored program was a breakthrough and that the emergency nature of this request, based on the need to respond quickly to strong local show of interest, was well justified. The Council recommends approval in the time and amount requested of \$14,509,



Florida Regional Medical Program

- \* The Council concurred with the Earmarked Subcommittee's recommendation of approval to establish a hypertension screening project. The amount requested is \$68,000, plus appropriate indirect costs.

Indiana Regional Medical Program

This application is for funds to supplement the Flanner House Multi-phasic screening program, a pilot demonstration of which is being conducted as part of the Indiana Regional Medical Programs' planning program. The proposed activities will provide for a special summer health program for the disadvantaged urban population of Indianapolis.

The Council discussed the importance of developing proposals that will aid the urban poor, and this application was viewed as an excellent example of such an endeavor.

The Council recommends approval for the time and amount requested of \$94,269 (one year only), plus appropriate indirect costs.

New York Metropolitan Regional Medical Program

- \* The Council concurred with the Earmarked Subcommittee's recommendation of approval in the amount of \$90,419. This project will establish a mobile coronary care unit operating out of St. Vincent's Hospital.
- \* The Council concurred with the Earmarked Subcommittee's recommendation of approval of the Pediatric Pulmonary Disease grant application in the time and amount requested of \$206,870, plus appropriate indirect costs.

Northland Regional Medical Program

The Council felt that this supplemental planning grant application does not show evidence of progress nor any apparent relationship of these projects to one another or to a developing regional concept. Since three of the proposed activities--all except the St. Paul Heart, Cancer, and Stroke project--are of an operational nature, the Council agreed that the three should not be funded at this time.

The Council recommends approval in the amount of \$55,698 for one year only with the condition that funds be granted only for the St. Paul Heart, Cancer, and Stroke proposal and after staff determines that this activity interrelates with the planning activities of the Northland Regional Medical Program..

Doctor Millikan absented himself.

Ohio State Regional Medical Program

The Council recommends conditional approval upon (a) submission of about 50 percent of the funds requested for core planning for the first year, and commitment of the requested amount for the second year; (b) a site visit by a technical team of computer specialists

to clarify questions concerning the Computer-Assisted Instruction Study, with authority to determine the level of funding for the study; (c) funding of the two other feasibility studies for time and amount requested (approximately \$791,860 direct costs in the first year).

Council inferred from this competing renewal planning grant application that the basis for planning the regional medical program was established this past year in the Ohio State area. A permanent Coordinator was hired, and a planning process was organized. Plans were made for the identification of information and material to guide the development of operational projects.

The amounts requested are: \$1,122,528, first year, and \$643,930 for the three additional years, plus appropriate indirect costs.

Mr. Treen absented himself.

#### Arizona Regional Medical Program

Council recognized that this program is just beginning and that it needs to acquire a larger full-time staff. The amount approved, however, should be commensurate with realistic projections of what can be profitably obligated. It was suggested that the final approved amount can be determined by staff negotiations and does not require further peer group review at this time.

The primary intent is to carry on a broad informational program which, hopefully, will bring about a higher degree of public support. It is difficult to be specific in reviewing the objectives and resources of the Arizona Regional Medical Program in detail. There is no leading center of excellence at the present time; there are very few identifiable qualified persons available who could lend vitally needed assistance and guidance. The Medical School is a new one and is still in the process of attracting a faculty. Planning activities for the Region are necessarily proceeding slowly and the Region is still in the preplanning phase.

Council recommends approval of this supplemental planning grant application subject to downward budgetary revisions to be negotiated between the Region and DRMP staff. The amount requested is \$106,813, plus appropriate indirect costs.

- \* The Council concurs with the recommendation of the Subcommittee on Earmarked Funds that the application to establish an adult pulmonary disease center should be deferred until a site visit can be arranged.

#### Central New York State (Syracuse) Regional Medical Program

The Council concurred with the recommendation of the Review Committee to approve this request as presented. The Council was cognizant that this would be a significant step in raising the base level of support for the core planning program, however, it was felt that the need for

the additional professional staff requested in this application was well justified and supported by the findings of a recent site visit to this Region.

The Council fully discussed the possible substitution of time/effort of other departmental physicians in lieu of the time/effort of the three part-time Senior Teaching Associates budgeted. It was agreed that this would be appropriate provided all applicable grantee and Division policies were adequately met.

The amount requested is \$138,268, plus appropriate indirect costs for seven months.

#### NEW OPERATIONAL

##### Central New York State (Syracuse) Regional Medical Program

In considering this revised application, the Council reviewed the findings of the site visit made in March. The Council noted that this application had been processed through the complete review cycle with presentations to the Review Committee on two separate occasions. On the basis of the information presented by the Committee and the site visit report, the Council moved approval as presented in the time and amount requested with the first year costs of \$391,952 plus appropriate indirect costs, and restriction of expenditure of \$29,255 for a mobile unit in project #2 until authorized by the Division.

The amounts requested are: \$285,569, first year, \$391,393, second year, and \$389,622, third year, plus appropriate indirect costs.

##### California Regional Medical Program

The Council addressed itself to the basic problem of the Region-- its size and means by which it could be forged into a functioning and cohesive Regional Medical Program. It appears to be separated into at least six "regions", which raises questions concerning the validity of the central coordinating office. This problem is common to other regions, but clearly needs study and a statement of policy by Council. There is overlap in the projects, with no apparent coordination or screening before submission. There was feeling that the program could be improved with the strengthening of the central administrative committee.

The amounts requested are: \$11,052,294 (01) for five years; and \$2,147,645 (01S1) for five years, plus appropriate indirect costs.

- \* The Council concurred with the recommendation of the Earmarked Subcommittee of approval for a Pediatric Pulmonary Disease Center in the Irvine area, in the amount and time requested of \$292,936.
- \* The Council concurred with the recommendation of the Subcommittee on Hypertension for approval of the amount of \$155,000 for a hypertension proposal in the San Francisco area.

Iowa Regional Medical Program

The Council shared the site visitors' disappointment with the progress made in this Region, but thought that the site visit report represented a thoughtful analysis which merits Council's acceptance.

Following discussion of individual projects, the Council recommends conditional approval of \$402,779 for the time and amount requested for core administration and planning staff, CPR training, CCU training and Out-of-Hospital Services; reduction of award for the Stroke Center, Comprehensive Stroke Management, and Mobile CCU; no funds to be calculated in the award for tumor registry or telemetered ECG.

The amounts requested are: \$947,718, first year, and \$5,169,059, for nine projects with one to five years support.

New Mexico Regional Medical Program

In weighing the findings of the site visit, the recommendations of staff and Review Committee, Council thought the seven projects range from fairly good to fairly poor. Council was in unanimous agreement that the approval of a modest operational grant would be in the best means of encouraging the region in the development of a meaningful program. Thus, for the first year of the combined operational-planning request, Council recommended \$593,549 for support of the seven projects plus an amount for core support at approximately \$400,000 (based on findings of technical site visit by management staff).

Concern over the long-range operational program remains, particularly the extraordinary relationship and interdigitation of the NMRMP with the School of Medicine. It is further recommended that progress reports at more than the usual intervals be requested and that a second informal, information-seeking and hopefully stimulatory site visit be scheduled in the fall.

The amount requested is: \$768,185 first year. Future support request will be furnished by the region and will include a separate component for core activities.

- \* The Council concurs with the recommendation of the Subcommittee on Earmarked Funds that the proposal to establish a demonstration clinic for pediatric pulmonary disease at the Lovelace Clinic has merit and should also be approved in the amount and time requested of \$71,860.

Texas Regional Medical Program

Council shared the concerns brought out by Committee review: the similarity of proposals with no apparent coordination; the relative roles of the Regional Advisory Group and staff in program development; the relationships of the Coordinator in Austin and the Associate Coordinator in Galveston and of both to the various planning offices;

it is determined that operational proposals fit into a plan. Also, Council was concerned about whether the two-year planning effort had indicated that Texas should remain a single region or whether alternative courses were still under consideration. While the application inadequately covered these matters, Council felt that many answers would be readily available to the site visit team.

Council also felt that a number of the proposed operational activities would clearly improve cooperative arrangements and result in better patient care, and should be funded as soon as possible, providing, of course, the site visit team found the over-all regional medical program viable. Other operational proposals should undergo further review of the site visit findings by both committee and Council before funds were made available.

The Council recommends conditional approval for the time and in an amount to be determined by a site visit team, after exploring the viability and feasibility of a single regional medical program for the state of Texas, and to gather further information about how the proposed operational activities relate to the over-all plan and priorities for action.

The amounts requested are: \$2,513,785 (includes funds requested for Project #5 which was considered by the Council Subcommittee on Earmarked Funds, but not for Project #14 which has already received an earmarked award), first year and \$2,328,876 second year, plus appropriate indirect costs.

- \* The Council concurs with the recommendation of the Subcommittee on Earmarked Funds that the program for area-wide total respiratory care is a reasonable project and recommends conditional approval for the time and amount requested. The amount recommended is \$193,066, plus appropriate indirect costs.

Doctor DeBakey absented himself.

#### Maine Regional Medical Program

The Council agreed that the application provides an adequate resume of planning activities but is not indicative of strong regional development. It was felt that the readiness of the Region for an operational program could be assessed during the site visit.

The Council recommends conditional approval for the time requested subject to favorable findings during a site visit, but with the stipulation that no Regional Medical Programs' fund be granted or used for the Physician Seminar. (\$334,989 direct costs for the first year).

The amount requested for a five year period is \$1,440,630, plus appropriate indirect costs.

South Carolina Regional Medical Program

The consensus of the Council was that this operational grant application holds merit, and that a number of the proposed activities are worthy of support. It was felt that the viability of the South Carolina Regional Medical Program as well as its capability and resources to inaugurate an operational program of significant proportion could best be assessed through the site visit mechanism.

Council recommends conditional approval at a reduced level of funding subject to a Council site visit. The amount requested for a five year period is: \$5,764,380 plus appropriate indirect costs.

Georgia Regional Medical Program

It was pointed out that the application shows the efforts of enthusiastic leadership with well-coordinated proposals and good understanding of the purposes of Regional Medical Programs. Regional viability seems well assured. Several projects need further clarification by the site visit team.

The Council recommends conditional approval upon completion of a site visit with limited project funding recommendations to be determined by the site visitors; and with the provision that Project No. 12, Stroke Instruction Clinic, not be supported at this time.

The amount requested for a five year period is \$8,638,040, plus appropriate indirect costs.

- \* The Subcommittee on Earmarked Funds agreed that the project for establishing a pulmonary pediatric diagnostic center has merit, but it shows a lack of information concerning the methodology involved. The Council concurs with the recommendation of the Subcommittee that approval should be based upon satisfactory findings of a site visit team.
- \* The Council Subcommittee on Earmarked Funds recommended approval of this project for a Stroke Instruction Clinic pending a forthcoming site visit. The Council, however, after a lengthy discussion recommended disapproval of this project because it reflects obsolescent treatment methods and lacks any signs of significant progress or capacity for productive expansion.

Memphis Regional Medical Program

Council members felt that the application reflects local discussions of local needs but that it does not show much imagination or substance. The projects are not related together into a total program. It was agreed that other factors not described in the application may be undertaken soon and that the activation of some operational projects may be an appropriate means of stimulating more intensive regional planning and cooperation. The Region is a poor one outside the

city of Memphis and is lacking in medical resources. There is evidence of growing interest in regional programs on the part of medical societies and other groups in smaller communities in the Region.

The Council recommends conditional approval, based on site visit team recommendations as to appropriate project funding levels, with report of final action to be submitted to the Review Committee.

The amount requested for a five year period is \$4,615,901, plus appropriate indirect costs.

- \* The Council Subcommittee on Earmarked Funds recommended approval in the amount of \$95,482 of a project for establishment of a Stroke Intensive Care Unit. The Council concurred with the recommendation that it should be reviewed by site visitors in connection with the review of the current Memphis operational grant application.

#### Michigan Regional Medical Program

It appeared to Council that this large, disjointed application involves a heavy commitment to administrative and planning staffs. On the other hand, regional development has made progress since the submission of the application and regional readiness for moving into more advanced planning and operational status may be greater than what the application indicates. Comments on specific projects need clarification by the site visit team.

The Council recommends approval of planning activities in the time and amount requested, and conditional approval of operational projects subject to satisfactory completion of a site visit with recommended funding or other action at the discretion of the site visitors.

The amount requested for a three year period is \$5,644,511, plus appropriate indirect costs.

Doctor Howell absented himself.

#### Connecticut Regional Medical Program

Council felt that the application was a remarkably lucid document that may well become a model for a comprehensive program plan. However, it concurred with the Review Committee that a site visit for further information was essential before adequate consideration of the major policy questions could take place.

In general, Council was favorably disposed toward Connecticut's broad approach to planning, but concerned that funds were requested from P.L. 89-239 authority for all the operational activities which the planning had yielded. Council was impressed at the apparent involvement of the major health care institutions and agencies and the cooperative planning done with the major educational forces

The amounts requested are: \$3,252,208, first year and \$17,985,385 for four additional years, plus appropriate indirect costs.

OPERATIONAL SUPPLEMENTS

Tennessee Mid-South Regional Medical Programs

It was pointed out that although there has been a great range of planning activities in the Region, there has been a lack of Medical Society participation and that efforts to overcome this gap are implicit in the additional staffing requested in this application. The need for a large, well-qualified staff is also obvious from the size of the Region, the scope of activities now underway, and the task of further development to meet stated objectives.

The Council recommends approval for the seven months requested in the amount of \$382,279, plus appropriate indirect costs.

Doctor Olson absented himself.

Washington-Alaska Regional Medical Program

The Council recommends approval as requested to expand current planning activities through the establishment of (a) a subregional office in Spokane during the current grant period and to continue through the next -03 year without additional funds; and (b) a pilot continuing education program in guest residents during the current grant period without additional funds, and to continue through the next -03 year with additional funding in the amount of \$8,500.

- \* The Council concurred with the Earmarked Subcommittee's recommendation of approval for one year requested in the amount of \$64,470, plus appropriate indirect costs of the project for Pediatric Pulmonary Disease.

Doctor Hogness absented himself.

Oregon Regional Medical Program

The Council agreed with the Review Committee's favorable analysis of the content of this operational supplemental application, and, likewise, felt that some problems should be resolved before the application is funded. Specifically mentioned were the uncertainties in the research designs for project #2, Early Diagnosis and Therapy of Cerebrovascular Disease, and project #5, Project Evaluation and Education of Statewide Program. There was also concern about the administrative details in the coronary care unit training projects, #6 and #7. Since Council felt that these problems could easily be corrected, it recommended that Division staff negotiate budget items with the Region and with assistance of the NINDB in advising the Region on the design of project #2.

The Council recommends approval in the time and amount requested conditional upon start negotiation with the Region to resolve questions about research designs and administrative details in specific projects.



The amounts requested are: \$443,060, first year, \$387,988, second year, and \$397,287, third year. Indirect costs are to be negotiated.

North Carolina Regional Medical Program

Council agreed with the Review Committee's recommendation that Project No. 12, "The Regional Coronary Care Unit," in this supplemental operational application should be returned for revision with a better, more detailed justification of the educational and training programs this unit will serve. It was also agreed that Project No. 15, the, "Comprehensive Stroke Program," is an ambitious project but is still essentially in the planning stages. Involvement of a wide variety of regional institutions and individuals seems to be more developed here than in most other regions.

The Council recommends approval in the time and amount requested of \$222,831, plus appropriate indirect costs for Project Nos. 13, 14, 15, and return for revision of Project No. 12 (Regional Coronary Care Unit for Physician and Nurse Education).

- \* The Council concurs with the Earmarked Subcommittee's recommendation of approval in the amount of \$49,411 to establish a Community Hypertension Screening Program in North Carolina.

Rochester Regional Medical Program

The Council recommended that the program periods for all four of the components of this application be made for three years each rather than the five years requested. It was felt that the multiphasic screening activity (project #7) could provide a vehicle for gathering data on health manpower utilization.

The Council concurs with the Review Committee's recommendation of approval in the amount requested for a three year program period, with the first year direct costs in the amount of \$411, 284, plus appropriate indirect costs

Kansas Regional Medical Program

It was the consensus of the Council that the funds requested for the renewal of the core planning activities and program administration were reasonable and well justified. The opinion was expressed that the amounts budgeted over the next five years would permit the continued orderly growth and development of the Kansas Region within the functional framework already established.

The Council recommends conditional approval of this supplemental operational grant application as submitted to reflect the following actions:

- (a) Approval of the operative renewal of the core planning in the amount of \$855,856 plus appropriate indirect costs;

- (b) Deferral of the multiple hospital stroke program (project #13) for a site visit and return for review, and;
- (c) Approval of the four new continuing education activities (#14-17) in the total amount of \$27,446 with indirect costs where applicable.

The amounts requested are: \$1,311,638, first year, and \$5,959,451 for an additional five years, plus appropriate indirect costs.

- \* The Council concurs with the Earmarked Subcommittee's recommendation for approval for the two years requested with a first year budget in the amount of \$203,956, plus appropriate indirect costs for a hypertension program in Kansas.
- \* The Council concurred with the recommendation of the Subcommittee on Earmarked Funds for deferral of the stroke application pending a site visit.

#### Missouri Regional Medical Program

Council recommends approval in the time and amount requested on this supplemental operational application in concert with three other supplemental requests from the Missouri RMP (-02S1, -02S2, and -02S3). Council concurred in the site visit team and Review Committee's recommendations for approval of both projects #28, Cooperative Tumor Registry and Computation Service and #29, Northeast Missouri Cooperative Stroke Pilot Project in the time and amounts requested.

The amounts requested are: \$155,072, first year, \$82,651, second year, and \$82,651, third year, plus appropriate indirect costs.

PART A--Council concurred with both the site visit team and Review Committee's recommendations to provide full support for Project #25, the Stroke Intensive Care Unit, and Project #26, for Training Unit for Intensive Care of the Cardiac Patient, both based at the University of Missouri Medical Center; and support for three years only at 50% the requested level for Project #27, Programmed Comprehensive Cardiovascular Care, based at the Kansas City General Hospital.

The project budgets will have to be renegotiated, particularly that for Project #27, as part of the over-all supplemental award encompassing Council action on the four separate applications from the Missouri Regional Medical Program.

Council recommends conditional approval for three years, at the first year level of \$632,546, (approximately \$822,998 in total costs) representing a three year level of \$1,586,017, plus appropriate

indirect costs. The level of funding for the second year would be \$469,674, and for the third year at \$483,797, plus appropriate indirect costs.

PART B--Council concurred with the Review Committee's recommendations relating to full two year support for Project #32, the "Detail Man" approach, and at 50% level for Project #33, Continuing Education for the Health Profession (a feasibility study for one year). Council disagreed with the Committee's recommendations regarding Project #34, Community Services for Heart Disease, Cancer, and Stroke Patients and recommended that it be funded for the one year period requested.

The project budget, particularly the budget for Project #33, will have to be renegotiated as part of the over-all supplemental award encompassing Council action on the four separate applications from the Missouri Regional Medical Program.

Council recommends conditional approval for two years at a first year level of \$161,087, and \$21,603 for the second year for Project #32 only, plus appropriate indirect costs.

PART C--This application has not been reviewed previously by the Review Committee but represents the amount over the committed level of the Regions continuation application for support of planning and the original 16 projects (operational program).

Council felt that the material prepared by the Directors of the ongoing projects indicated a clear need for the additional funds and recommended approval of this request. At the same time, Council asked staff to convey their concern about the quality of the written presentations received from the Missouri Regional Medical Program and their expectations that future presentations will be much more improved. Furthermore, Council asked that in the future the Missouri Regional Medical Program include specific information about future funding planned for these activities beyond the requested period.

Council recommends approval in the time and amount requested of \$806,183, plus appropriate indirect costs.

#### Intermountain Regional Medical Program

Council expressed some of the same concerns previously identified by Committee about regional geographic expansion. The region has, however, exhibited good progress in all areas, and the program seems to be successful and moving ahead.

The Council recommends conditional approval with a site visit to assess the current status of the regional development and of the projects undertaken--including project #17 (Coronary Care Units in [unclear]), project #18 (Global [unclear]), Stroke Rehabilitation Units. The special actions requested of Council regarding the expansion of core staff and enlarging of five

of the ongoing projects were approved, with delegation of authority to the site visitors to determine the appropriateness of the increases and the amounts.

The amounts requested are: \$29,092 (02A1); and \$515,371, first year, \$230,822, second year, and \$173,313, third year (02S1), plus appropriate indirect costs.

Wisconsin Regional Medical Program

The Council expressed confidence in the oncological resources which would be available to this activity, and the competent professional staff that would be responsible for its direction. It was generally felt that the proposal has worthwhile objectives and is worthy of support, but at a decreased level of funding. Specific questions were raised in regard to funds budgeted for personnel including the need for two senior project coordinators, two fellows, and the nine full or part-time secretaries; further, the amounts requested for consultants and travel were considered somewhat high. It was concluded that a reduced negotiated annual budget containing \$40,000 for personnel and fifty percent of the consultant and travel funds, plus other expenses as budgeted, should permit the implementation of this activity.

Council recommends conditional approval in the time requested but in the reduced annual amount of \$60,050 plus appropriate indirect costs. The amounts requested are: \$128,485 (for 14 months so as to align the requested budget periods with the parent grant); \$100,500 second year, and \$106,800 third year, plus appropriate indirect costs.

\* Application for Earmarked Funds

VIII. REPORT ON APPLICATIONS WHICH WERE CONSIDERED AT THE FEBRUARY COUNCIL MEETING

| <u>APPLICATION NUMBER</u> | <u>APPROVED</u>    | <u>REGION</u>                 |
|---------------------------|--------------------|-------------------------------|
| 3 G02 RM 00002-01S1       |                    | Kansas                        |
| 3 G02 RM 00015-01S2       |                    | Intermountain                 |
| 3 G02 RM 00013-02S2       |                    | Western New York              |
| 3 G02 RM 00031-02S1 & 02  |                    | Metropolitan Washington, D.C. |
| 3 G02 RM 00044-02S1       |                    | Maryland                      |
| 3 G02 RM 00045-02S1       |                    | West Virginia                 |
| 3 G02 RM 00046-02S1       |                    | Georgia                       |
|                           | <u>DISAPPROVED</u> |                               |
| 3 G02 RM 00028-02S1       |                    | Alabama                       |
|                           | <u>DEFERRAL</u>    |                               |
| 3 G02 RM 00009-01S3       |                    | Missouri                      |

IX. (A). STUDENT HEALTH ORGANIZATION CONTRACTS

Dr. Manegold

Since March, the Division has been exploring the possibility of supporting the Student Health Organization projects as a means of involving RMP more fully in the problems of Urban Health care. There have been a number of difficulties in individual regions developing active programs in the inner city and, recognizing the urgency of the problem and the direction given by the Council and others, we have begun negotiation of contracts with the University of Colorado, the University of Southern California, the Presbyterian-St. Luke's in Chicago, the West Philadelphia, and Montefiore Hospital in New York. Each contractor will sponsor the summer project with the assistance of the Student Health Organization. The contract mechanism is most appropriate for this purpose.

The objectives of the Division for supporting these projects are to investigate the most appropriate method for obtaining different types of health data in the urban areas and to investigate the use of these methods in collecting information to assist the various regions in planning health care programs to disadvantaged urban areas. The work scope for the projects is as follows:

The contractor will: (a) develop the most appropriate methods for obtaining certain types of data on health problems in urban areas; and (b) investigate the use of these methods in collecting data that would assist the various regions and the Division of Regional Medical Programs in planning health care programs in disadvantaged urban areas. These data would assist the definition of:

- (1) new types of cooperative arrangements between professional and community organizations and individuals;
- (2) urban community organization problems pertinent to RMP programs;
- (3) present adequacy of health services in the community as perceived by the residents;
- (4) health attitudes, and the response to health education; including the influence on both of social and cultural factors;
- (5) new types of health careers and roles, and the effect of health manpower recruitment efforts in disadvantaged urban areas;
- (6) health status of the urban community in terms of heart disease, cancer, stroke, and any other diseases of major significance.

The contractor will collect, analyze, and interpret data concerning these six areas of inquiry. The contractor will work closely with the Division and its consultants in order to enhance comparability of data collected in the various cities. The contractor will evaluate the contribution of health manpower recruitment, improved delivery of medical services, and other community health activities.

The Student Health Program in each community will be able hopefully to obtain information and will have immediate and continuing influence on RMP activities. The Student Health Organization has already established the necessary relationships with the disadvantaged urban communities. They have recruited a substantial number of workers for these summer projects and have sought the advice of social scientists in their areas to effectively use the tools of the behavioral scientists.

We recently had a meeting with outside consultants to discuss this matter. As a result, we proposed to have an orientation program for the students prior to instituting the contracts. These contracts probably will be funded by the middle of June.

(B). REPORT ON, "EARMARKED FUNDS"

A progress report was presented on all of the requests for earmarked funds. The action on each individual applications is included under Item VII, "Consideration of Grant Applications."

X. FOLLOW-UP REPORT ON, "CONTRACT FOR HEART STUDY--  
PROGRESS REPORT ON IMPLEMENTATION OF SECTION 907

Dr. Sloan

All of the work has been completed for a contract with the American Heart Association to carry out a three year study of the criteria necessary for medical facilities providing the highest quality of diagnosis and treatment in the field of heart disease.

We were very pleased with the response of all interested professional organizations which met here on April 17, and believe that their cooperation will be assured by the AHA in a committee organization which they will develop. The AHA was very pleased to secure a commitment from Dr. Irving Wright to serve as Chairman of this Committee. Award will be made as soon as FY '69 funds are available.

The American College of Surgeons' effort to develop criteria for medical facilities in the field of cancer is moving along steadily, but will require more time than originally anticipated. They have applied for an extension of their contract through March, 1969.

XI. PROGRESS REPORT ON, "DEVELOPMENT OF THE HEALTH  
POLICY RESEARCH CONTRACTUAL PROGRAM"

Mr. Ackerman

At the last National Advisory Council meeting some interest was expressed as to the nature of the Health Policy Research Contract which is presently being developed by the Division. For the purposes of clarifying the Council's understanding as to the nature and purposes of the contract and to keep the members informed as to the present status of the contractual program, summary information concerning the background of the development of the contract was sent in advance to the Council. As noted in the material transmitted, the contract was developed as a result of a Health Policy Research Committee chaired by Dr. Richard Manogold.

The specifications were divided into five general study areas which the Division Committee felt were of primary importance to the program at this stage of its development. This delineation of topics, however, was made with the knowledge that there would be overlapping aspects of these areas, and that each area of study was of relatively equal importance. For these reasons, it was decided that one contractor should undertake the entire package. The Division's Contracts Committee believes that the specifications represent those areas of the program in which there exists a present need for an in-depth, out-side examination.

Since its inception, Regional Medical Programs has been characterized by a marked divergence in the development of the fifty-four regional programs. In addition, the National picture has been further complicated by the recent transition from the planning to the operational stage. During the recent legislative hearings before the House Interstate and Foreign Commerce Committee the AMA urged that there be an evaluation of the P.L. 89-239 program by an objective non-governmental source. In addition, Congress has been making a standard one percent reservation of funds in all HEW authorizations to support an evaluation program on the HEW level. Therefore, an effort to develop some approaches to evaluation of the RMP program from an over-all natural standpoint seems indicated.

The Committee also felt that the securing of an outside resource will complement the staff in carrying out its present functions, while at the same time making available to the Division an experienced multi-disciplinary source which could provide the program with a continuity of consultation for many years to come. For the foregoing reasons, therefore, the Division proposes to enter into contractual negotiations with Arthur D. Little, Inc.-Osti to undertake this two-year health policy research contract.

RESOLUTION TO DOCTOR MARSTON FROM THE COUNCIL

The Council made the following resolution to Doctor Marston:

"In recognition of your outstanding achievement in establishing and developing the Division of Regional Medical Programs of the National Institutes of Health and of your many contributions to the improvement of the health standards of the American people, we, the undersigned members of the National Advisory Council on Regional Medical Programs, wish to express our deep appreciation and high esteem for the wise and devoted leadership and vision you have provided during the formative years of this Program and for the personal unselfishness, good humor, and friendship we have all enjoyed."

Dr. Edwin L. Crosby  
Dr. Michael E. DeBakey  
Dr. Helen G. Edmonds  
Dr. Bruce W. Everist  
Dr. John R. Heger  
Dr. James T. Howell

Dr. Clark H. Millikan  
Dr. George E. Moore  
Dr. Edmund D. Pellegrino  
Dr. Alfred M. Perma  
Mr. Curtis Treen

XII. ADJOURNMENT

The meeting was adjourned on May 28, 1968, at 1:15 p.m.

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

*Dr. Chadwick for RQM*

Robert Q. Marston, M.D.  
Acting Director, Division of  
Regional Medical Programs

Eva M. Handal  
Committee Management Officer, DRMP



NATIONAL ADVISORY COUNCIL ON  
REGIONAL MEDICAL PROGRAMS

Edwin L. Crosby, M.D. (71)  
Director  
American Hospital Association  
Chicago, Illinois 60611

Michael E. DeBakey, M.D. (68)  
Vice President for Medical  
Affairs of Baylor University  
Professor and Chairman  
Department of Surgery  
College of Medicine  
Houston, Texas 77025

Helen G. Edmonds, Ph.D. (71)  
Dean, Graduate School  
North Carolina College  
Durham, North Carolina 27707

MAILING ADDRESS

P.O. Box 432  
Durham, North Carolina 27707

Bruce W. Everist, M.D. (71)  
Chief of Pediatrics  
Green Clinic  
709 South Vienna Street  
Ruston, Louisiana 71270

John R. Hogness, M.D. (70)  
Dean, School of Medicine  
University of Washington  
Seattle, Washington 98105

James T. Howell, M.D. (68)  
Executive Director  
Henry Ford Hospital  
Detroit, Michigan 48202

Clark H. Millikan, M.D. (68)  
Consultant in Neurology  
Mayo Clinic  
Rochester, Minnesota 55902

George E. Moore, M.D., Ph.D. (68)  
Director, Public Health Research  
New York State Department of Health  
Roswell Park Memorial Institute  
666 Elm Street  
Buffalo, New York 14203

Edmund D. Pellegrino, M.D. (70)  
Vice President for the Health  
Sciences  
Director of the Center  
State University of New York  
Stony Brook, New York 11790

Alfred M. Popma, M.D. (70)  
Regional Director  
Regional Medical Program  
525 West Jefferson Street  
Boise, Idaho 83702

Mack I. Shanholtz, M.D. (70)  
State Health Commissioner  
State Department of Health  
Richmond, Virginia 23219

Mr. Curtis Treen (71)  
Director  
Pension and Insurance Department  
United Rubber, Cork, Linoleum,  
and Plastic Workers of America  
87 S. High Street  
Akron, Ohio 44308

James A. Shannon, M.D. (Chairman)  
Director  
National Institutes of Health  
Bethesda, Maryland 20014