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THROUGH : Surgeon General, DHEW
Director, NIN

March 23, 1967

Associate Director, NIH, and Director,
Division of Regional Medical Programs

Reporting Highlights of the Seventh Meeting of the National Advisory
Council on Regional Medical Programs, February 19-21, 1967

At the seventh meeting of this Council, eight new planning grant applications, two supplements to planning grants, three revised planning grant applications, and four operational grant applications were reviewed. The Council made the following recommendations:

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The Council recommends approval of the revised application from Ohio State. The application from Philadelphia was given conditional approval pending a satisfactory site visit by Council members. The Oregon application was given conditional approval.

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Four operational applications, one of which contained two supplemental requests, were considered. These same four applications had been given preliminary consideration at the November 27-29, 1966, Council meeting. At that time, the Council recommended that the staff examine the possibility of taking favorable action prior to the February Council

meeting on parts of these applications for the Intermountain, Missouri, and Kansas regions, if the staff encountered no administrative problem. On the basis of this preliminary favorable reaction, the Division staff undertook an intensive analysis of the applications, which included specific contacts with many other components of the Public Health Service to obtain the advice and comment of other expertise within the Public Health Service on specific aspects of these complex applications. On the basis of staff analysis, comments from other parts of the Public Health Service, reports of site visits, recommendations of the Regional Medical Programs Review Committee, and two reviews by the Council of applications submitted, the Council recommended approval of operational applications for the Kansas-Missouri, Albany, and Intermountain Regions. All applications were recommended in reduced amounts with the precise amount of the grant award to be determined within 10 percent of the amount recommended by Council on the basis of staff negotiations with the applicants.

The Council recommends approval of the Kansas and Missouri applications. It also recommends approval of the Albany application in the amount of \$750,000 for the first year; the amounts for the two additional years are to be negotiated. The Utah application was recommended for conditional approval.

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A proposal from the American College of Surgeons to undertake a study of the mechanisms for developing a list of centers with outstanding diagnostic treatment and training capabilities in the field of cancer had been discussed at the November 1966 Council meeting. This study would provide assistance in carrying out the purposes of Section 907, which calls for the Surgeon General to develop such lists in the fields of heart disease, cancer, and stroke.

At the time of discussion, the Council felt that the application was too brief, that the methods to be followed were not spelled out adequately, and that the budget was excessive in light of the justification given. This was, therefore, communicated to the American College of Surgeons, and a revision was submitted. The Division of Regional Medical Programs, on the basis of discussion and favorable recommendation by the Council, will pursue more detailed negotiations of the contract.

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by the Cancer Control Program. The Division of Regional Medical Programs held discussions with the National Center for Chronic Disease Control. An agreement was reached that this was an appropriate activity for the Cancer Control Program to carry out, and the Cancer Control Program agreed to extend its support beyond the initial laboratory already supported. Further, it was agreed that it would be more reasonable to have the National Cancer Institute provide support for all of the clinical trials activities involved in the choriocarcinoma program and to have the Cancer Control Program provide support for all of the laboratories involved in this program.

The Division of Regional Medical Programs, therefore, will not be involved with supporting this activity, except in the area of continuing education of physicians regarding the availability of these services and the need to utilize these services for all patients where the possibility of choriocarcinoma is indicated.

Conference on Regional Medical Programs, January 15-17, 1967

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Robert Q. Marston

Robert Q. Marston, M.D.

cc:
DRMP Branch Chiefs

EHandal:KYordy:Jfh

March 23, 1967

THROUGH: Director General, FBI
Director, NIH

Associate Director, NIH, and Director,
Division of Regional Medical Programs

Grants to be awarded by the Division of Regional Medical Programs

The standard policy is to inform you of our intention to award grants in excess of \$250,000. We are informing you about the following grants under \$250,000 because of your particular interest in this program. The National Advisory Council on Regional Medical Programs, at its seventh meeting on February 19-21, 1967, recommends approval of these grants. After negotiation with the applicants, we anticipate notifying them that their grants will be awarded. Following are the direct costs anticipated to be awarded, plus appropriate indirect costs:

<u>Applicant Institution</u>	<u>Region</u>	<u>Amount of Direct Costs</u>	<u>Years</u>
University of Tennessee College of Medicine	Memphis Medical Region	\$ 155,056	01
		148,600	02
		73,100	03
Medical Care Development, Inc., c/o Department of Health and Welfare Augusta, Maine	State of Maine	201,344	01
		204,709	02
Ohio State University College of Medicine	Ohio State Regional Medical Program	99,634	01
University of Oregon Medical School	Oregon Regional Medical Program	166,494	01
		177,998	02
		73,464	03


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3/15/67

THROUGH : Surgeon General, HES
Director, NIH

March 23, 1967

Associate Director, NIH, and Director,
Division of Regional Medical Programs

Resume Report of any grant where funds to be awarded for any one year exceed \$250,000, exclusive of new construction or alteration, renovation, or repair funds.

At its meeting on February 19-21, the National Advisory Council on Regional Medical Programs recommended that applications listed below be approved. The Division of Regional Medical Programs intends to proceed with the activation of these grants after carrying out the instructions of the Council as described below:

1 S03 RM-00002-01, University of Kansas Medical Center

A joint site visit was made by representatives of Council, Review Committee and Staff in November. This provided an opportunity to obtain first-hand a feeling for operational activities proposed and problems related to the region.

The Council agreed with the recommendation of the Review Committee that this is an area with considerable experience in cooperative arrangements, and would be favorable toward the development of a strong regional medical program.

There was consensus that a reduction in amounts would not jeopardize the program, and the applicant could easily restructure its priorities within the recommended \$1 million (+ or -10%).

The Council recommended that the advisory group be broadened to include representation from minority groups.

The amounts requested are: \$2,521,177 first year; and \$2,450,000 second year, plus appropriate indirect costs. Approval was recommended in the amount of \$1 million (+ or -10%) for the first year. Two additional years are recommended for approval, but the amounts will be negotiated at the time of renewal. These amounts are in addition to indirect costs.

1 S03 RM-00004-01, Albany Medical College of Union University, Albany, N.Y.

Prior to the presentation of this application to full membership of Council, a site visit by representatives of Council, Review Committee, and Staff was made to Albany on November 7, 1966. The overall program

was judged to be sound and the region's past experience with the concept of a regional medical program strengthened the recommendation to the reviewing groups that the proposal has much merit and promise. The amount to be awarded for the first year is \$750,000, (+ or -10% subject to staff negotiation), plus appropriate indirect costs, and the additional two years are to be negotiated.

The amounts requested are: \$1,126,435, first year (includes direct costs for specific pilot projects and other general support) and excludes amount the applicant proposes to transfer from their planning grant; \$936,739, second year; and \$613,340, third year, plus indirect costs.

1 S03 RM-00009-01, 3 S03 RM-00009-01S1, and 3 S03 RM-00009-01S2, University of Missouri School of Medicine

A three-year planning grant was awarded to the Missouri Region on June 9, 1966. The first operational grant application, consisting of three pilot projects, was submitted on October 1, 1966. The two supplemental applications were submitted later. The application was considered at the November Council meeting following a site visit. The Council was encouraging and instructed Staff to proceed with a more detailed analysis of the application.

Council recommends that the Advisory Committee needs to broaden its representation to include the Negro community, such as the National Medical Association and the Lincoln University of Missouri. Also, the involvement of the Ellis Fischel Hospital in Columbia needs to be clarified. Council recommends approval in the amount of \$2.5 million (+ or -10% subject to staff negotiation) for the first year, plus appropriate indirect costs. Two additional years are recommended for approval, with amounts to be negotiated at the time of renewal. The amounts requested for each year: \$3,249,261, first year; \$3,754,614, second year; and \$1,787,526, third year, plus appropriate indirect costs.

1 S03 RM-00015-01, Utah, Intermountain Regional Medical Program

A site visit by representatives of Council and DRMP staff was made in November after the application was evaluated by the Review Committee. Council recommends approval. The affirmative action on #10 is conditional pending satisfactory evidence from a technical committee, made up in consultation with the National Heart Institute, as to the techniques of evaluation of the program, and justification of the cost by experts in the biomedical application of computers and computer techniques. It is anticipated that the grant will be awarded in two stages; first a grant of \$820,000. Following additional review and a site visit for the computer based physiological monitoring (requested \$929,000) it is anticipated that an appropriate award be made.

The amounts requested are: \$1,850,689, first year; \$1,821,913, second year; and \$899,521, third year.

1 S02 RM-00052-01, University of Arkansas Medical Center

This application was considered by Council to reflect a genuine desire to undertake a planning study to ascertain the health care needs in each of the 75 counties of the State of Arkansas. The grassroots nature of the proposed program was viewed as being a major strength of this application. The existing facilities and programs, with proper planning, can be extended throughout the state, and it is apparent that much thought was given to the outlying areas. The suggestion was made that the advisory group should well include representation from the neurological sciences.

The Council recommends approval of this application. The amounts requested are: \$394,620 first year; \$421,682 second year; and \$97,300 third year, plus appropriate indirect costs. The amount of the award for the first year will be established following staff negotiation.

1 S02 RM-00053-01 and 1 S02 RM-00053-01S1, State of Michigan

The two-part planning proposal, the first of which requests support for the central group, the Michigan Association for Regional Medical Programs, Inc., and the second, which is a supplement, proposes planning activities for each of the three medical schools and for the State Department of Health.

In its entirety the application reflects a comprehension of what a regional medical program should be, and the initial proposal makes the needs and overall objectives in the state of Michigan clear. The lines of authority and communication are well drawn and the approach to planning is comprehensive.

However, the Wayne State section of the application is unclear as to numbers and types of personnel requested, and the recommendation of approval by Council included the condition that this be clarified, as well as the inclusion on the advisory group of a member of the National Medical Association or some similar representative of a minority group.

The total amount requested in the original and supplemental application is: \$1,040,639, plus appropriate indirect costs. The amount of the award will be determined by Staff following clarification of the Wayne State portion of the personnel budget.

1 S02 RM-00055-01, College of Medicine, University of Arizona

The College of Medicine is new with only a few faculty on hand, and so has limited experience as an organized unit in the rendering of medical care. The concomitant development of the School of Medicine and the

Regional Medical Program will be an interesting study.

The application reflects the concerns about the needs of the region and it is believed that the applicant's ideas have been formulated into a reasonable proposal at a modest cost. Council was in agreement that the proposal is worthy of support, with the conditions as follows: (1) the advisory group should be established as the overall authority, and should be broadened to include representatives of various hospitals and minority groups; and (2) further exploration is needed on the adequacy of some of the requested salaries.

The amounts requested are: \$214,100, first year; \$296,725, second year; and \$143,363, third year, plus appropriate indirect costs. The amount of the award will be determined by Staff after the conditions are met and salary levels are negotiated.

1 S02 RM 00056-01, St. Louis, Missouri-Illinois Bi-State Medical Program

There was agreement by Council that this Bi-State proposal, which was submitted on behalf of three applicants (St. Louis University School of Medicine, Southern Illinois University, and Washington University School of Medicine) is well thought-out and organized. Their plans for continuing evaluation will define weaknesses in planning, and provide an opportunity to make simultaneous adjustments with development of the program. The possible overlap with the Central Missouri Region was recognized, and it was agreed that the planning grant activities will delineate the regional boundaries.

The Council recommends approval with the condition that additional member(s) of minority groups be appointed to the advisory committee. The amounts requested are: \$546,751 first year; \$547,989 second year; and \$543,972 third year, plus appropriate indirect costs. The amount of the award will be determined following necessary negotiation by Staff.

1 S02 RM 00058-01, New York Metropolitan Region

There was consensus by Council that this complicated area is coming to grips with existing problems common to all large urban centers, and that a great deal of progress has been made in recent months in the development of a coordinated program. However, some reservations and concerns were identified and it was agreed that a site visit (or visits) will be necessary for their solution and exploration of possible ways to assist in the planning phase.

The amount of the award will be determined at the time of the site visit, but will not exceed \$1-million. The amounts requested are: \$1,401,365, first year; and \$1,311,150, second year, plus appropriate indirect costs.

1 802 RM 00026-013, Greater Delaware Valley Region, Philadelphia

While a number of complexities have been removed from the present revision, and it is evident that the institutions are now willing to explore cooperative arrangements, Council identified a number of areas in need of clarification, and agreed that this could be accomplished by one or more site visits with representatives of Council and staff in attendance. Among the problems are: position of the University City Science Center (UCSC) governing body vis-a-vis regional medical program planning; identification of on-going programs; UCSC's responsibility for data collection and analysis; status of the advisory committee; key people in the program, budget, etc.

The Council recommends approval with certain conditions to be presented in a site visit to be made by Staff and members of Council. The amount requested for the first year is \$1,862,421, plus appropriate indirect costs. The amount of the award will be negotiated by Staff either during or immediately following the site visit.

→ 1 802 RM-00019-01S1, State of California

The application, which represents a supplemental planning grant request was approved with the condition that the region be site visited by representatives of Council and staff, and funded in accordance with site visitors' determination.

Council expressed an awareness of influences which have tended to slow down the planning process, and agreed that the recently appointed Director needs encouragement and sympathetic guidance. It was the consensus that the region now needs to come to grips with the concept of a regional medical program for this complex area, and that the best way of achieving this is by strengthening the central planning administration.

The Council recommends approval with a site visit by Council and Staff to clarify the concerns, including evidence of involvement of Negro and Mexican physicians in the project and on the Advisory Committee. The amounts requested are: \$1,039,643, first year; \$1,513,018, second year; and \$745,014, third year, plus appropriate indirect costs.

The amount to be awarded will be determined immediately following the site visit.

It is the intention of this Division to award the above proposals.

Robert Q. Marston
Robert Q. Marston, M.D.

cc:
DRMP Branch Chiefs

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3/23/67

THROUGH : Surgeon General, FMS
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