





forum

Lakes Area Regional Medical Program

VOL. VIII, NO. 3

MARCH, 1976

HSA APPLICATION SUBMITTED

RAG Observations on HSA Document

The Lakes Area Regional Medical Program, Inc. Regional Advisory Group provided formal endorsement of the Grant Application for provisional designation as a Health Systems Agency. This document was prepared by conjoined staffs of RMP, CHP and county governments. It was the sense of the committee that a positive stance be taken on the document submitted, but at the same time acknowledging problems and deficiencies which are inherently the product of time constraints placed upon the process.

The criteria for judgment and the ranking given are appended to this report and provide the framework for the discussion. It was decided that an inventory of the problems currently identified should be used by the various committees established to improve the substance of the document as it relates to by-laws, staff structure, funds and other categorical items. The following specific observations were placed on record:

(1) The constraints placed upon us between October 16, 1975 and January 19, 1976 did not take into account the inertia of the community decision-making process.

(2) The foregoing hindered the pre-education process, which was felt necessary for informed decisions.

(3) The By-Laws Committee should make careful revision on the means whereby funds should be endorsed and disbursed; an acceptable system of checks and balances — both fiscal and legal.

(4) Article III, Section 10, page 32 — the question of dropping a board member "without cause" was seen as problematic terminology and lent a feeling of insecurity to those appointed to the governing body. The interpretation was that a member of the board who goes through a lengthy and detailed election process shall remain vulnerable to summary dismissal. (continued on page 2)



Dr. Bronk signs approval for HSA/WNY.

Grants Management Function

The Lakes Area Regional Medical Program, Inc., the corporate body for the Regional Medical Program, is planning to remain in operation as a fiscal service to the community.

The fiscal organization was created as of March 1, 1972 to offset the high rate of overhead (58% of salaries and wages) charged by the Research Foundation of the State University of New York. It is estimated that RMP will have saved by June 30, 1976, approximately \$900,000. This represents the fee which would have been paid to the Research Foundation less the comparable costs of performing the same functions as an independent corporation.

In addition to the savings LARMP, Inc. provided nearly instant response to questions posed by Staff Administrators and project personnel. Delays encountered at the Research Foundation in placing employees on the payroll (six weeks was not an unusual delay for the first paycheck) melted overnight. Part-time employees are paid within a week of submitting their timesheets.

In areas of purchasing, LARMP, Inc. provides the same care as the Research Foundation. Purchase requests are compared to the project budgets to insure (continued on page 3)

Fiscal Board Registers Concern

February 20, 1976

Nicholas J. Galluzzi, M.D.
Regional Health Administrator
Public Health Service, Region II
Office of Grants and Contracts
26 Federal Plaza
New York, New York 10007

Dear Dr. Galluzzi:

The Fiscal Board of the Lakes Area Regional Medical Program, Inc. wishes to go on record as approving the regulatory and planning component of the Health Systems Agency Application.

We wish to register the following concern. There should be no dismantling of the developmental process (irrespective of label or aegis) as a result of this decision. The community of consumers should be fully apprised of the fact that support in developing health services and education under the current legislation cannot be expected.

Funds to fulfill this function, namely DEVELOPMENT of health resources are crucial to capitalize on past and present efforts which are the products of a mature and established community planning and implementation process. The capacity to initiate self-supporting projects in the health service area is being eliminated.

Please see attached booklet — "Challenge and Achievement" which provides an index of the deprivation inherent in the lack of developmental money.

Sincerely,
Allan Korn, Ph.D.
Chairman of the L.A.R.M.P.,
Inc. Fiscal Board

Annual General Meeting Saturday, April 24, 1976

Dr. Theodore T. Bronk, President, Lakes Area Regional Medical Program Regional Advisory Group, has announced that the last Annual General Meeting of RAG will be held on Saturday, April 24, 1976.

The exact location will be announced.

Lakes Area Regional Medical Program Continuing Education Programs—1976

DATE	LOCATION	TOPIC
March 18	Sheraton East, Buffalo, New York	Cancer Teaching Day Mammography and Xeroradiography
March 27	Sheraton East, Buffalo, New York	"Living with Hemophilia— Comprehensive Care"
April 6	Sheraton East, Buffalo, New York	Genetics Program
April 29	Holiday Inn, Batavia, New York	Cancer Teaching Day Chemotherapy and Immunotherapy
May 4	Cameo Restaurant, Wellsville, New York	Cancer Teaching Day: Adjunct Therapy in Various Forms of Cancer
May 12	Sheraton East, Buffalo, New York	Health Education Program
May 19	Sheraton East, Buffalo, New York	Ageing Program
May, 1976	Niagara Falls	Hypertension Program
Spring, 1976	Buffalo, New York	Hypertension Program

*If interested in attending any of these programs, call
Mrs. Patricia Hoff, R.N., at 835-0728*

RAG Observations on HSA

(continued from page 1)

(5) The advice to the legislative leaders was routinely from the existing power structure and not a broad-based advisory process. This was seen as inherently a problem of the law and the regulations thereto.

(6) The whole area of staffing credentials in relation to function was seen as important but should not be locked in prior to the appointment of an Executive Director. It was recognized that staff and staffing procedures and obligations would be susceptible to the constraints on funding which currently appear to be considerable.

(7) Criticism of the degree of community involvement and the support of appropriate organizations and groups seen necessary to the success of the proposal re-enforced the comment of an inadequate time-frame seen in Section I of this report. It was, however, seen vital that the document containing the chronology of public education, public meetings, etc. be taken into consideration as a major effort to inform all interested parties.

(8) The committee was informed that the by-laws are still subject to refinement by the By-Laws Committee. It was recommended that:

(a) the deliberations of this committee be brought to the by-laws committee,

(b) that the by-laws can be changed much more easily before their formal adoption by the designated board,

(c) the importance of the Nominating Committee was emphasized.

(9) The activities to perform the overall assessment of the document was rated as good. However, there is no emphasis on community education. (The inadequate time-frame for con-

struction of the document was a recurring theme throughout the discussion). A suggestion made, but not acted upon, was that professional interdisciplinary advisory committees be established to assist the deliberations of the HSA governing board. During general discussion the observation was made that the advisors to the board and sub-area councils need not be members of either body.

(10) The consolidated reporting form revealed that the benefits in relationship to costs were assessed as average or below by more than half the responders.

(11) It was agreed that constant monitoring and evaluation was a crucial component if we are to provide evidence of responsible management of the federal buck and to avoid duplication. It was suggested that the sophisticated tools already developed by the RMP be used in the future and not reinvented during the coming period. Current data collection mechanisms should be carefully used to portray cost effectiveness.

(12) Major concern was voiced about the funds applied for and the fiscal viability of the agency under construction. It was thought there was adequate flexibility in the HSA/WNY structure to provide for improvement and development. This was seen particularly as a feature in the ability of the Regional Advisory Group to expand and change in response to federal priorities and mandates.

(13) The committee agreed that great reliance should be placed on the sub-area councils. Furthermore, that the individual members of the sub-area councils should represent that council as a body and not be the spokesmen for the categorical group or profession with

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Plan to Continue Educational Programs

The Lakes Area Regional Medical Program has developed a successful approach to continuing education. Programs are not only presented in the metropolitan area but also offered in strategic regional locations. This approach provides health workers with quality programs within easy access.

We plan to continue educational programs (teaching days) on a self-support basis. Programs may be supported solely through registration fees or through support by sponsoring agencies.

Our continuing education component has the expertise necessary to assist private agencies who may wish to sponsor their own teaching days. Staff are available to work with such groups in the initial planning phase, assist with the administration of the program and will be available at the actual presentation of the program. Interested agencies may call LARMP, Inc. for more detailed information. We will assume all major responsibilities involved in the program and guarantee a successful teaching-day. Our record of service and previous experience in conducting teaching days, workshops and seminars for various health related agencies and educational groups will attest to the advantage of our service.

Should you desire this support service for your next educational program contact Mrs. Patricia Hoff at 835-0728.

In Memoriam



Joseph Reynolds

Last month, we were all shocked and saddened at the untimely death of Joseph Reynolds. Those of us familiar with his industry, his enthusiasm for the Telephone Lecture Network, his drive, and the familiar beard, were all saddened by this event. For those of us who knew Joe in many facets, his loss as a friend and colleague cannot be understated.

The Regional Advisory Group of the Regional Medical Program made a resolution of condolence to his wife and family. The staff all wish to go on record as extending their heartfelt condolences and tremendous sense of loss.

Joe Reynolds put the Telephone Lecture Network on its feet and it will remain a fitting testimonial to his contributions to the Western New York area.



Best Wishes, Tony

Since the earliest days of the Regional Medical Program, Tony Zerbo became a well known character in the role of editor of this paper and as Public Information Officer for the Lakes Area Regional Medical Program. He has known our organization from the time it was called the Health Organization of Western New York (HOWNY), to the time it was called the Regional Medical Program of Western New York (RMP/WNY), until we changed our name to Lakes Area Regional Medical Program (LARMP) in deference to our Pennsylvania colleagues.

It is always difficult to relinquish the services of a loyal colleague who not only discharged his professional role but provided all of us with a social environment and distractions inherently necessary for good morale. We all wish him well in his new position as Director of Public Relations for Blue Cross of Western New York.

Grants Management

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adequate funding levels, bids are requested where necessary, purchase orders are used to insure adequate controls, and payment follows upon assurance of receipt of material.

Financial reporting has been advanced to the fifteenth of the month following the report period. The reports now prepared show line items within the total award and relate expenditures and encumbrances to each expense code. The balance available for future expenditures is clearly displayed.

In recognition of the above advantages, the Board of Directors composed of Allan Korn, Professor of Marketing, SUCB, Chairman, Herbert Bellamy, Buffalo Civil Service Commissioner, Irwin Felsen, M.D., Wellsville, N.Y., Maynard Parker, retired Hooker Chemical executive and Peter Zaleski, Vice President, Buffalo Savings Bank, have agreed to extend the fiscal services to the community beyond June 30, 1976. They have agreed to continue their services as directors to insure the success of this venture. These men believe that the services now performed for the

Regional Medical Program can be offered to grants recipients at a very reasonable overhead rate. While the rate is partially a product of the volume of grants managed, a commonly accepted rate is 10% of the total grant. In comparison to the Research Foundation's current rate of 64% of salaries, the 10% will convert to somewhere between 15% to 20%, depending upon the amount of salaries in a given grant.

As a result of the Board's decision, efforts currently are under way to change the corporate name so that it will better describe the function of grants management.

Anyone interested in making use of the services of this organization should call the Lakes Area Regional Medical Program, Inc., 835-0728 and speak to either Dr. Ingall, Mr. Robert Miller or Mr. Morgan.

National Group Elects Engebretson

The national health association made up of the nation's 53 Regional Medical Programs has elected Gordon R. Engebretson, Ph.D., as its new leader. Directors of the National Association of Regional Medical Programs chose Dr. Engebretson, Director of the Florida Regional Medical Program, to lead the organization in what is a critical period for the nation's health resource development agencies.

He succeeds John R.F. Ingall, M.D., Buffalo, New York, Director of the Lakes Area Regional Medical Program. Dr. Engebretson had high praise for Dr. Ingall who had directed the Association through the period when its membership grew from a handful to one thousand representatives of major health interests from all over the United States.

Orderly Transition Study

The Public Accountability Reporting Group (PAR) has contracted with HEW's Health Resources Administration to conduct a transitional study. The two major objectives being the consolidation of RMP technical processes for use by Health Systems Agencies, and to draw conclusions which have major importance for health related programmatic operations at the federal, state or local level. A study is being done to avoid the problems and delays that frequently occur with major program changes. Congress has mandated an orderly transition from existing programs to new Health Systems Agencies and other organizations.

LARMP has systematically reviewed, collected and sent information to the Public Accountability Reporting Group, that will assist in the study. The purpose of the study is to make available information about RMP processes and the products which will assist planning and resource development.

H.S.A./W.N.Y. Application Goes Through Proposal Review Process

One of the provisions of Public Law 93-641 states that the Secretary of the Department of Health, Education and Welfare shall give priority to any application submitted for designation as a Health Systems Agency if any R.M.P. and C.H.P. within the Health Service Area covered by the application indicate their approval of this application. (Sec. 1515 (b) (4))

Accordingly, Lakes Area Regional Medical Program has put the application for designation of the Health Systems Agency of Western New York through its usual proposal review procedure used in the past for all proposals submitted to it for funding. This process involved sending copies of the application to reviewers in each of the eight counties of the new Health Service Area of Western New York. These reviewers were asked to rank and comment upon the manner in which various aspects of the application have been carried out. A special two page proposal review form was prepared for this purpose.

Their replies were compiled into a single report which was submitted to the Program and Proposals Review Committees who came together in a joint meeting on February 11, 1976, to consider the application. Formal support from each of the eight county committees was also received and presented at this meeting.

The joint committees voted to approve the proposal and to send along this recommendation plus commentary on certain elements of the application to the Regional Advisory Group Board of Directors. This latter body met on Thursday evening, February 19, 1976, at which time they too voted their approval of the H.S.A. application. The final steps then, in fulfilling the mandates of the law occurred when the R.A.G. approval was transmitted personally by Dr. Ingall the next day to the Department of Health, Education and Welfare Regional Office in New York City.

Update on HSA Board

Until the review process at the Region II level and formal designation is made, this body does not gain authority under the HSA law known as P.L. 93-641.

HSA Continuing Education Available

Continuing Education about the Health Systems Agencies and their role is a commitment of the Regional Medical Program, and we would certainly invite any inquiries and provide speakers for those groups who wish to have the basic framework and the responsibilities of that organization portrayed.

51 Selected for HSA Board — More Needed

The Nominating Committee is reviewing biographical sketches of nearly 300 individuals nominated to fill the remaining 28 At-Large seats on the 79-member provisional HSA/WNY Governing Board. Action on the Nominating Committee's slate by the 51 members thus far appointed is expected shortly.

The first 51 individuals to be seated on the Governing Board received their appointments either from one of the eight county sub-area advisory councils or by the chief elected official in their county. This dual or mixed nominating process produces two classes of membership. Class A members are appointed by the sub-area council and Class B members are appointed by county government which combined form the 51 members, who then select the 28 at-large members.

The names of the 51 Class A & B members, were included in the Application for designation and funding of the HSA submitted to the U.S. Department of Health, Education and Welfare and to the State Governor's Office on January 19, 1976.

The Nominating Committee reviewing names for the remaining 28 at-large seats are being guided by the legal requirement to insure that the consumer portion of the HSA Governing Board is broadly representative of the social, economic, racial and linguistic segments of the Western New York Community. The Nominating Committee also recognizes its need to identify and recommend individuals who have a regional perspective in their concern for health needs of all Western New York. Inherent in this process is the mandated requirement to achieve the widest possible representation from the numerous components of the health care delivery team including but not limited to physicians, dentists, nurses

and other physical and mental health professionals along with representatives from acute care and long term hospitals, health professional schools, health insurers, and public and private health agencies.

The Nominating Committee is composed of individuals selected by each of the county delegations represented on the 51 member governing board, and has met on January 29, February 10 and February 17.

The Nominating Committee has a most difficult task and, according to one of its members, recognizes that it cannot create a perfect system of representation. They are, however, committed to doing the best job possible.

Editorial

The application of the Health Systems Agency for Western New York was submitted to the Region II Office of the Department of HEW to meet the deadline of January 19, 1976. The deadline to be met following the issuance of regulations in October was very short, particularly in view of the intrusions of the holiday season and the restrictions inherent in the local climate.

The grant application for the conditional designation was constructed by the conjoined staffs of the RMP, CHP and County Governments. It is a public document and was exhibited as such in 8 Western New York County Clerk Offices as well as 8 Western New York Public Libraries. There should certainly be no feeling that access to this document has been restricted. Furthermore, the RMP and the CHP Agencies have to review the grant submission in its current form so that additions, modifications and refinements can be added. The document itself can be seen at either 2929 Main Street or at the Genesee Building, Suite 300.

The document is the first stage in the achievement of conditional designation of a health systems agency for Western

New York. The powers of this agency are the greatest we have seen in this area and, as such, responsible input is invited during the current review process through the established RMP and CHP agencies. There are factors to be considered before designation of this agency and it is important that all those who are at all concerned with the regulatory authority inherent in the HSA should be well informed.

Information is most effective when it is sought. Please inquire.

Current Status of National Planning Director for HSA

Harry Cain, Ph.D., Social Work, Brandeis University and expert in mental health, planning and evaluation for the Under-Secretary of Health and Chairman of the Interdisciplinary Committee on HSAs, is the currently nominated new director for the Health Systems Agencies.

At the time of writing, it is uncertain when the change over from Mr. Rubel to Dr. Cain will take place. There is no indication as to what effect this will have on HSA development or the distribution of funds for that purpose.

RAG Observations

(continued from page 2)

which he aligns. The regional concept has to be a recurring theme.

(14) The advisory and decision-making identity of the sub-area council should be clearly identified in the decisions made by the parent body. Systematic feedback to the sub-area councils was seen as crucial in consolidating their working relationship with the parent body.

(15) As general comments, revisions of the initial document were lauded in the composite document and the component of flexibility and susceptibility to change needs emphasis and the application would seem to be an excellent beginning.

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