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AREA V minute news

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EVALUATION . . . . SEVERAL POINTS OF VIEW

By John S. Lloyd, Ph.D.

What follows are some highlights of the National RMP Conference and Workshop on Evaluation held at the University of Chicago, September 28-30, 1970.

A number of issues surfaced during the conference, the most important of which I regard as the emphasis placed upon the evaluation of program as opposed to projects. Although the term "program" was not clearly defined, to me it means evaluation of the effect of projects plus the effect of the activities of core staff, committees and advisory groups on the goals of an Area or Region. It was clearly suggested that while these goals must be defined at a local level, they also have to do with changes in the health care system, including a paving of the way for changes in this system which could occur in the future. While the desirability of program evaluation was brought out, however, the conference was short on suggestions as to methodology.

Dr. Harold Margulies, Acting Director of RMP Services, touched on a number of themes: that RMP should provide a climate in which local health care systems can be receptive to changes; that there is a need to make RMP coherent, rather than fragmented; that there needs to be a communication network to inform all the Regions of each other's activities. What really matters, he pointed out, is the cost, access, and quality of health care. Those projects that are not working well must be abandoned. Finally, evaluation will become even more important with the implementation of anniversary review and the developmental component. There is a need for RMP regions to establish program directions and to evaluate these directions prospectively in addition to retrospectively.

Peter D. Fox, Senior Economist-Health Evaluation, described how the Office of Management and Budget views evaluation: "The goals of Federal health programs in general include improving the health status of Americans, increasing the efficiency with which care is delivered, and fostering equity of access to medical care. RMP is expected to assist in achieving these goals, and in setting budget levels, OMB must assess whether the $97 million currently spent on RMP could have

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higher payoff if spent on other programs. We also assess the alternative of not spending these funds at all.

"Measuring directly the impact of RMP on the achievement of these objectives is difficult, and one must be content with proximate measures. These include changes in decision-making procedures, in decision outcomes, and in attitudes. For example, RMP should be able to demonstrate that it has promoted sharing of health resources in a manner that contributes to better care or increased efficiency. The commonly used argument that RMP has achieved better communication among those concerned with the health care system does not in itself justify the current level of expenditures.

"...Program evaluation has at least one function other than simply leading to decisions on whether program expenditures are justified. In particular, evaluation should result in redesign of the program....The health care problems of this country will not be solved simply by expanding Federal programs to support health services or by increasing the supply of existing manpower and institutions. RMP should be at the forefront of promoting the changes required at the local level to make the health care system and its related technology more efficient, more effective, and more accessible to the American people."

There was also an evaluation of RMP's from the public's perspective, delivered by John M. Blamphin, Assistant Bureau Chief (Washington) of Medical World News: "Over the past five years....I have formed some opinions about RMP and health care in general which I believe are shared by a great many people....to me, the quality of care and the way it is delivered go hand in hand....tuning the skills of physicians and hospitals to a high degree of quality and efficiency is no good if the system through which those skills are passed on to patients has broken down." Mr. Blamphin offered the theory that much of the cynicism and confusion about RMP boils down to a problem of providing facts from which others can make evaluations. He suggested that we consider very carefully how we justify RMP's existence to the public. "If you communicate the proper information, and by proper I also mean that it be honest, and in the context which your audience can understand --that is, patient care--the evaluations you get will more likely approximate the true state of RMP...In the long run, you will be judged by the changes that occur in the quality and delivery of health care which result from your activities."

(Copies of the papers from which the above excerpts are taken are available upon request by letter or postcard.)

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR

October 1970

Tuesday, Oct. 13		
AREA V	Cardiac Coordinating Committee	11:30 a.m. RMP Conference Room
Wednesday, Oct. 14		
AREA V	Staff Meeting	9:30 a.m. Conference Room
Thursday, Oct. 15		
CCRMP	Stroke Coordinating	10:30 a.m. U.C. Irvine
Friday, Oct. 16		
AREA V	Committee Chairmen	11:30 a.m. Conference Room
Tuesday, Oct. 20		
CCRMP	Liaison Planning	10 a.m. to 3 p.m. Hilton Inn Vintage Rm. S. F. Airport
AREA V	Special Area Advisory Group	7:30 p.m. to 9:30 p.m. RMP Conference Room
Wednesday, Oct. 21		
AREA V	Social Workers	8 - 9:30 a.m. RMP Conference Room
AREA V	Staff Meeting	9:30 a.m. Conference Room
AREA V	Cancer Planning	12:15 p.m. Conference Room
CCRMP	Data & Evaluation	2 - 5 p.m. L. A. Airport
CCRMP	CCU Coordinating Committee	2 - 5 p.m. L. A. Airport International Hotel
Thursday, Oct. 22		
CCRMP	Stroke Directors	10:30 - 3 p.m. Hilton Inn San Francisco Airport

Area Advisory Group Annual Meeting -- November 10, 1970
2:00 p.m. - 9:00 p.m. Huntington-Sheraton Hotel, Pasadena

COMMITTEE CHAIRMEN'S MEETINGS: November 13 and 27
REGIONAL CONFERENCE, ASILOMAR October 28, 29, 30

AREA V CARDIAC COMMITTEE....

is revving up a program aimed at the goal of prevention of cardiovascular disease. Named to head up subcommittees which will develop various aspects of the program are: Dr. Paul Lurie (Rheumatic Fever); Dr. Maxwell Rosenblatt (Syphilis); Dr. Martin Shickman (Hypertension); Dr. Willard Zinn (Atherosclerosis Risk Factor); Dr. Bernard Portnoy (Viral-Myopathies); Mrs. Nadine Eisin (Health Education).

Area V CCU Program is revising the nurses training program to provide three types of experiences; one for beginning CCU nurses; the regular program for nurses with some experience; and an intensified program for the fully experienced CCU nurse.

IMPORTANT NOTICE

As of Oct. 15, 1970, the administrative and coordination aspects of the Area V Coronary Care Nurse Training Program will be transferred to the CCU faculty at the Hospital of the Good Samaritan.

Consultations about CCU management, supervision and/or inservice education, either by phone or in your facility, are now available by appointment with members of the nurse faculty. Please direct all inquiries to: Mrs. Marilyn Kemtes, RN, Clinical Coordinator, Hospital of the Good Samaritan. Phone 482-8111, Ext. 221 or 222, Monday through Friday, 8 a.m. to 4 p.m. Note: Telephone calls to Mrs. Kemtes will not be accepted on weekends.

A STROKE CARE WORKSHOP....

geared to demonstrate the importance of continuity of treatment for stroke patients from the acute hospital to extended care facilities was presented in late September by the Stroke Committee of the Community Hospital of San Gabriel. Administrators and nursing staff from six convalescent hospitals attended the all-day session, first of its kind in the community. Ann C. Amatore, Administrator, hosted the workshop. Dr. David Maline presided. Robert H. Pudenz, MD, Chairman, Area V Stroke Program described the studies, needs, and goals on a national level. Communication disorders of the stroke patient were discussed by Mary Longerich, Ph.D. Speech pathologist and consultant.

Mrs. Joan Mitchell, RN, rehabilitation liaison nurse, outlined the pilot program sponsored by Area V RMP: Mrs. Mitchell will visit the patient in the hospital and with the doctor to help plan treatment. She will then confer with the physical therapist and the nursing staff to coordinate continuity and care, and help the patient and his family understand the disease. The second phase of the program entails a visit to the patient after discharge, every three months for a period of one year. Records of the patient's progress and ability to care for his own daily needs will be used to research and evaluate the program.

CCRMP Staff Consultants held their regular meeting September 3 in L. A. The Region has decided to seek an early renewal of the entire core grant in order to seek supplemental funds for the lower funded Areas of the California Region. It will also request a 10% increase for all Areas for the purpose of establishing working relationships with appropriate Comprehensive Health Planning agencies, particularly in the areas related to personal health services, manpower and service aspects of facilities planning. Emphasis is being placed, at the national level, on coordination between CHP, RMP, OEO and Model Cities to prevent duplication.

There is an indication that a site visit of the California Region will be conducted for three or more days during the second week in December.

CCRMP Organization and Procedures Committee have prepared a draft of the proposed procedures for the Developmental Component for presentation to CCRMP at their regular meeting on October 7.

Final details of the Regional Conference scheduled for Oct. 28, 29 and 30 at Asilomar Conference Center were discussed Oct. 1 by the Ad Hoc Conference Committee. Dr. Harold Margulies, Acting Director of RMP Services and Dr. Vernon E. Wilson, Director of HSMHA have agreed to participate as speakers. Dr. Neil Andrews, Coordinator for RMP Area II (Davis) will be Chairman of the Regional Conference.

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AREA V PEOPLE

A warm welcome to Mrs. Jane D. Cohen, BA, who on October 5 assumes the duties of Staff Associate - Community Programs, in charge of such activities as the newly-opened American Indian Free Clinic, and the Free Clinic Liaison Program. Mrs. Cohen was formerly a training specialist for the Metropolitan Life Insurance Company of New York, working with economically disadvantaged young adults.

A regretful good-bye (only temporary, we hope) to Mrs. Toni Moors, who leaves the staff to join her husband, Dr. Richard Moors, now on duty with the Navy in Pensacola, Florida.

Marlene Checel, MPH joined Area V staff on Sept. 21 in a part-time position as Asst. Coordinator for Inter-Agency Activities. Miss Checel will be representing Area V and CCRMP in forthcoming involvement with Comprehensive Health Planning, Model Cities, OEO, and other agencies. Miss Checel was formerly Associate Program Director with Watts-Willowbrook District RMP.

Richard E. Osgood, M.D., Medical Director of Mira Loma Hospital, Lancaster and Chairman of the Antelope Valley Health Planning Council has agreed to represent the latter organization on the Area Advisory Group, commencing in November.

Holeman Grigsby, member-at-large for Area V's Advisory Group, has been officially designated the representative for Comprehensive Health Planning of L.A. County, replacing Charles J. Detoy.

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A minute news

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Committee Chairmen

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