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V minute news

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THE THIN EDGE OF CHANGE?

CCRMP has recommended that funds available to the California Region from the Developmental Component should be spent in the implementation of nationwide goals for personal health services announced by the Department of HEW and that funds allocated to Area cores continue to be used in the implementation of the goals of the Health Services and Mental Health Administration.

The following goals have been selected from the eighteen listed by HEW as coinciding with known needs in California, with a recommendation that 50% of the funds be awarded for the achievement of Priority One and 50% for the achievement of Priority Two:

1. To stimulate efforts to improve and increase the health manpower pool, focusing on the professional, sub-professional, and para-professional personnel.

2. To stimulate changes in organization and delivery of health services, particularly for the urban and rural poor, with priority to: preventive measures, prepaid group practice, use of sub-professional, para-professional personnel, ambulatory care services and neighborhood care delivery units. In connection with services for the urban and rural poor, attention should also be given to the following target groups:

   (a) Migrant farm workers and their families
   (b) American Indians
   (c) Children during the first five years of life
   (d) Women of childbearing age who cannot presently obtain adequate family planning services.

The real "product" desired of planning and demonstration studies supported from Developmental Component funds is:

(a) Development of project proposals, i.e., proposals for projects that will serve the national priorities that are, in format and content, to a point ready for submission to available funding sources including RMP Service.

Continued on next page

(b) Development of ongoing community activities, i.e., organization of methods or mechanisms for augmenting the delivery of health care to high priority target groups specified in the national priorities that will be supported by funds available to the community in which the health care delivery method will operate.

Developmental Component proposals should contain the following elements in the delivery of quality health care:

Acceptability: The offered care must be acceptable to the user and provider of the health care system.

Accessibility: The use of the health care system must be able to enter the system. Geographic, communications, or financial barriers must not prevent his entry into the health care system.

Availability: Personnel and facilities to provide needed care must exist in sufficient quantity. The health care system must not be overloaded; it must serve the citizen who finds it acceptable and accessible and presents himself for care.

Quality Care: Both individual acts of health care and the health care system within which those acts are performed must meet accepted standards of excellence.

Reasonable cost: Cost of care must be within customary and prevailing costs to the individual user and to society. Conditions that contribute to excessive cost, either to the individual or to society are over-utilization or under-utilization of services either by providers or by consumers, excessive charges, unnecessary duplication or inefficient management of services, or inappropriate services.

CCRMP has accepted a recommendation that Developmental Component funds be awarded on the basis of a competitive review in relation to the goals and objectives, with not less than 25% to be awarded to Areas presently at a staffing disadvantage.

A Panel for the review of proposals for Developmental Component funding is to be established from nominees proposed jointly by Area Coordinators and their respective Area Advisory Groups (three from each Area) and from other CCRMP constituent members (two nominees per member). The 12 nominees so selected will be organized under a Chairman who is a member of CCRMP and the purpose of the Panel will be to judge proposals on their contribution to the direction of the program. Decisions of the Panel can be appealed through CCRMP and proposals can be resubmitted for consideration in the next cycle.

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The California RMP has submitted an application for Anniversary Review with the Developmental Component and for Core Renewal. According to Paul D. Ward, Executive Director of the California Region, the California site visit will be held Dec. 7 and 8, most like in San Diego and Sacramento.

Comprehensive Health Planning B Agencies have been invited to designate one individual to sit as an official representative to CCRMP. The move was made in recognition of the strengthening close ties between COMP and RMP in California, and in anticipation of the legislation renewing the two programs. CCRMP is also seeking representation from kidney diseases, the Veterans Administration and the State Health Planning Council.

The Watts-Willowbrook RMP has been officially established as Area IX of the California Region. The new Area encompasses 13 communities and covers approximately 60 miles within the boundaries of Washington Blvd., the San Diego Freeway, Lakewood-Alameda, Figueroa and Vermont. According to the latest report Charles Buggs, PhD is continuing as Acting Coordinator.

CCRMP Allied Health Committee is studying goals and objectives, and is focusing on allied health manpower. The Oct. meeting featured a presentation by Dr. Kenneth Briny, of the California Health Manpower Council. The Nov. meeting, attended by Dorothy E. Anderson and Marlene Checel for Area V, featured the Physician Asst. legislation and its relation to allied health in California.

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AREA V Cardiac Committee continues to generate subcommittees: Dr. Richard Bing has been named Chairman of one subcommittee to survey hemodynamic laboratory facilities; Dr. Quentin Stiles' group will investigate cardiovascular facilities; Miss Kathleen Obier, ACSW is heading a group that will look into the emotional problems of adjustment experienced by the acute coronary patient, while another subcommittee will study measures to provide for the continuing care and rehabilitation needs of cardiac patients in AREA V.

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Mrs. Terry K. Broomfield and Mrs. Ann Braatz, who were on assignment to AREA V from the American Cancer Society since July 6, have completed their research of cancer patient needs and existing resources in AREA V and their recommendations will be presented to the AREA V Cancer Committee at their next meeting. It was a pleasure for all of us at AREA V to have the opportunity of getting to know these energetic and hard-working ladies.

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The Subcommittee on Continuity of Patient Care to AREA V Cancer Committee, chaired by Michael Gilliam, R.N., forged ahead at its November meeting with its survey of the need for discharge planning, continuity of care and rehabilitation for the cancer patient in AREA V. Dorothy E. Anderson reports that the group plans to expand with the addition of another physician, and a hospital administrator.

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR

November 1970

Monday, Nov. 23		
AREA V	Cancer Search Committee	12 noon RMP Conference Room
Tuesday, Nov. 24		
AREA V	Stroke Team	12 noon - Mr. Markey's office
AREA V	Task Force C	6:30 p.m. Conference Rm.
AREA V	Task Force A	6:30 p.m. Basement
Wednesday, Nov. 25		
AREA V	Staff Meeting	9:30 a.m. Conference Rm.
AREA V	Task Force B	7:30 p.m. Conference Rm.
Thursday, Nov. 26	THANKSGIVING	
Friday, Nov. 27	University Holiday	RMP Office Closed
Monday, Nov. 30		
AREA V	Nursing Advisory Committee	2 p.m. RMP Conference Room

SPECIAL EVENTS

December 7 and 8	Regional Medical Programs Service Site Visit
December 11, 12, 13	California Regional Kidney Disease Planning Conference Goleta, California

COMMITTEE CHAIRMEN'S MEETINGS: December 4 and 18

AREA V has received an award of $1,134,014 from DRMP for the continuation of three ongoing projects and basic operation of the headquarters program. The award gives financial support for the next 12 months to the Coronary Care Training Project (367,935); the Pacemaker Registry and Information Center (58,740) and the Project for Physician Education in Early Chronic Respiratory Diseases (97,640). The continuation application for the 03 year was approved by DRMP with the following comments: "Of special interest to staff concerning this Area is the stated change in program emphasis from project development. It was concluded that progress is being made on most fronts and that the strong effort to coordinate activities and strengthen relationships with other health agencies is to be commended."

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Dr. Raymond M. Kay, one of Area V's Advisory Group Members, has accepted an invitation to serve as the RMP representative on a steering committe being developed by the East L. A. Task Force, to recommend policy to serve as a sounding board for project ideals. A current activity of the Health Task Force Project which has been funded by the Office of Economic Opportunity, is that of working with the LAC-USC Medical Center in a reorganization of the present outpatient facilities. Ultimate goal of the project is the development of a community-based health care delivery system for the East Los Angeles area.

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On Nov. 12, the Continuity of Care Committee for San Gabriel Valley reviewed their problem focus, stated as: "Patients in the San Gabriel Valley experience varying degrees of discontinuity in care as they move from one health care setting to another" and stated their goal as "To obtain maximum function and level of wellness by significantly reducing discontinuity of care experienced by patients in the San Gabriel Valley as occurs among facilities and among health care providers." Chairman Kay D. Fuller, RN (Area V RMP representative) reports that the group explored a number of aspects of the problem and at the next meeting on Dec. 3 will define the problem priorities.

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There have been several changes, since the last report, in Area V's Free Clinic Liaison Program. Mr. Hal Wurtzel, f mer administrative consultant to the p gram has been named Director of the l gram, replacing Mrs. Anne Weatherford who resigned on November 1.

Legal steps are under way to merge the Free Clinic Liaison Program with the So. California Council of Free Clinics, adopting the latter name. The Council has been negotiating with the Chief Administra Office, LA City Council and the LA County Health Dept. on the matter of direct cash funding of all the free clinics in LA County and have received a "go ahead" from the County to write up a proposal for fiscal 1971-72. At the beginning of November, the Council represented 16 free clinics in LA County and a total of 24 in Southern California.

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A minute news

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Committee Chairmen

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