

THE
BOOK
FOR
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the V-minute news

VOL. I - NO. 7

June 11, 1969

LATEST REPORT FROM DRMP

Reported in this issue is a paper entitled "Two Strategies for Implementing Rehabilitation in RMP's" prepared by Dr. Stanley W. Olson, Director of RMP Service for the RMP Rehabilitation Conference at Baylor University in Houston, Texas, March 1969.

"...Despite the fact that RMP's have initiated some 26 projects designed to improve the diagnosis and treatment of stroke patients and most of them have a rehabilitation component; it is the Division's belief that a distinct disparity still exists between current accomplishments in rehabilitation and what should reasonably be expected in this important field." The following shows the numbers of persons in training contrasted with the numbers of persons who should be trained if we are to meet the current and growing backlog of requests for services:

- . In the field of rehabilitation medicine 286 physicians are in training -- only 57 percent of the required number,
- . 2500 physical therapists are in training -- only 50 percent of the required number,
- . 200 occupational therapists are in training -- only 66 percent of the required number,
- . 2300 speech pathologists are in training -- only 82 percent of the required number,
- . 2100 vocational counselors are in training -- only 70 percent of the required number,
- . 121 prosthetics and orthotics specialists are in training -- only 25 percent of the required number.

Some rehabilitation facilities for the care of ambulatory patients do exist, of which 75 are primarily vocationally oriented; however, there are no more than 15 specialized regional research and training rehabilitation centers; barely half of the nation's 7,000 hospitals have rehabilitation facilities of any description and less than 75 percent of our medical schools have a department or division of physical medicine and rehabilitation.

"...I would offer for your consideration both a short-term and a long-term strategy:

The short-term strategy is one which attempts to make the best use of the situation as we find it today with the many resistant problems of rehabilitation. Included are the shortage of professional and affiliated health personnel; the limited facilities for extensive rehabilitation; the high average cost for treating complex cases; and the general unawareness of the specific therapeutic rehabilitation measures that can be applied by existing personnel. Therefore, it would seem appropriate for RMP's to adopt methods for identifying individual patients who could be expected to benefit most from specific rehabilitation procedures. The Programs might logically concentrate their efforts on the education of physicians, nurses, and other personnel in the areas of...

- . preventive measures to avoid complications,
- . rapid identification of patients likely to have severe residual deficits so that anticipatory treatment measures may be instituted promptly,
- . functional evaluation activities to determine the individual patient's potential for rehabilitation, and
- . assistance to physicians in the referral of patients with severe disability to specialized centers for long-term rehabilitation therapy.

"Apart from the immediate benefits which efforts in this direction might produce, such an approach would have the added effect of stimulating a realistic demand for more trained personnel and for more facilities. It might also begin to change the image of the rehabilitation effort from that of a procedure of last resort to a procedure of choice.

"...The long-term strategy which occupied the attention of the Ad Hoc Rehabilitation Advisory Committee of the Division of RMP's has not been formulated precisely, but its general outlines have been identified in the following ways: A significant increase in the rehabilitation of patients with heart disease, cancer, stroke, and related diseases beyond

Calendar

STAFF MEETINGS ARE SUBJECT TO SUDDEN CHANGES--PLEASE CHECK WITH OFFICE FOR LATEST INFORMATION
ALL MEETINGS ARE IN CONFERENCE ROOM UNLESS OTHERWISE INDICATED

JUNE

12	8:00 a.m. to 10:00 a.m.	ACT Conference CCU	L. A. Co.-USC Med. Ctr.
12	9:30 a.m. to 4:00 p.m.	California Regional Medical Program Nurses	San Francisco
12	1:00 p.m. to 4:00 p.m.	CCRMP Categorical Committee Chairmen and Objectives Committee	Los Angeles
13	9:30 a.m.	AREA V Special Staff Meeting	
13	10:30 a.m.	AREA V Seminar - Donald E. Yett, Ph.D.	
16	7:30 p.m.	AREA V Cardiac Coordinating Committee	
18	9:30 a.m.	AREA V Staff Meeting	
18	7:30 p.m.	Watts-Willowbrook RMP District Meeting	Los Angeles
19	11:00 a.m. to 2:00 p.m.	CCRMP Categorical Committee on Related Diseases	San Francisco
19	2:00 p.m. to 5:00 p.m.	CCRMP Staff Consultants Meeting	San Francisco
19	1:30 p.m.	Charles R. Drew Postgraduate School Committee	John Wesley Hospital
20	11:30 a.m.	AREA V Committee Chairmen's Meeting	
25	9:30 a.m.	AREA V Staff Meeting	
25	12:00 N.	AREA V Continuing Education Committee	L.A.Co.-USC Med. Ctr.
26	2:00 p.m. to 5:00 p.m.	CCRMP Data Acquisition Committee	San Francisco
27	10:30 a.m.	AREA V Seminar	
30	9:30 a.m.	AREA V and Area IV Joint Staff Meeting	UCLA

- SUMMER SCHEDULE -

Committee Chairmen's Meetings

July 11 August 8 September 12 September 26

There will be no seminars during July or August

that suggested in the short-term strategy is dependent upon a planned change in a variety of interconnected features of our current medical care activities. These include changes in professional and lay attitudes and values, and changes in methods of reimbursement for medical services. In emphasizing that these necessary changes are connected in a circular fashion and are not alternatives, the importance was stressed of exploring them simultaneously and carrying out experimentation in a planned process of change as a cyclic and continuing process."

Dr. Paul Ellwood, Director of the American Rehabilitation Foundation summarized his views with respect to steps to be taken through RMP's to implement some of the innovative changes just cited: "I would like to suggest consideration of three possible areas. In each case the rehabilitation field seems to provide an advantageous proving-ground for testing approaches which have broad significance for all of medicine.

"...Since rehabilitation services are so poorly distributed across the country, conditions are favorable for a practical test of RMP's ability to optimize the distribution of resources. The intense concentrations of rehabilitation resources in some areas and acute shortages in others (in short, the extreme imbalance in distribution) should facilitate such a study.

"...The rehabilitation field is small enough to develop quality comparison. The interest on the part of the American Rehabilitation Foundation group is particularly high in this area and I suspect that the rehabilitation field would give more support to such a relatively radical idea than other branches of medicine. The 'consumerism' concept is such a powerful method for bringing about change that hopefully, it might overcome professional and political reticence.

"...Rehabilitation is unique in having a wide range of describable modes of delivery. Excellent information systems about cost have been developed by the Texas Institute for Rehabilitation and Research and relatively good outcome measures in forecasting techniques have been developed by the American Rehabilitation Foundation group. It therefore lends itself to more immediate application of cost effectiveness evaluation. This investigation needs to be taken up jointly by RMP and the National Center for Health Services Research and Development, which is yet another reason for further considering the cost effectiveness issue."