



E000426

AREA

V

minute news

vol. 3 no. 8

April 28, 1971

A Position Paper Unanimously Adopted by the RMP Coordinators
at a Meeting In Atlanta, Georgia, March 24, 1971

The Regional Medical Programs have confidence in their proven ability to establish effective cooperative relationships with the providers of health care. In their short life the RMPs have won the endorsement, support, and active collaboration of the practicing medical profession and the other members of the health care team -- the very professionals on whom the nation is dependent for delivery of health care. The Program Coordinators are certain that RMPs offer the Administration the most effective link between the government and the providers to accomplish many of the goals the President set out in his Health Message.

There are six major programs proposed by the President in which RMPs should play an important role:

Health maintenance organizations -- RMPs provide the best and most economical way in which a federally supported health program can furnish immediate assistance to organizations and institutions, both urban and rural, interested in developing HMOs and other innovative systems of health care delivery. The RMPs advantageous relationship with private physicians and community hospitals will be a key factor in the successful development of such systems.

Demonstration and promotion of new techniques for improving the efficiency and effectiveness of health care -- RMPs have already become deeply involved in such demonstrations. They have one of the best records in promoting these techniques to the practicing professionals and community hospitals as well as implementing them in the teaching programs of the medical schools. For example, new techniques for screening and early diagnosis and patient and family education for promoting community prevention of disease have been demonstrated by many RMPs.

The establishment of a series of new Area Health Education Centers as recommended by the Carnegie Commission on Higher Education -- Regionalization has continued on page 2

been the hallmark of RMP from its inception. The cooperative arrangements developed between the medical schools and key community hospitals and other groups by RMPs constitute an impressive start in the implementation of Area Health Education Centers.

The Emergency Health Personnel Act -- This act has important implications for innovative ways of solving the health care crisis in rural as well as urban ghetto areas and other problems such as health care for migrant workers. However, the act does not explicitly provide for supervision of the personnel assigned to these areas. The RMP Coordinators propose an important role for RMPs in the implementation of this act, particularly in the cooperative arrangements with nearby health facilities and with the area medical schools to assure proper supervision and adequate consultation for the assignees.

Meeting the health manpower crisis -- There exists already a severe shortage of nearly every type of health manpower. The demand inevitably will mount rapidly in the event of national health insurance. The RMPs' accomplishments in the recruitment, training, and development of new skills in the health care fields have been conspicuous. These, as well as innovative approaches to training physician assistants, and improving medical communication and transportation, are in urgent need of support and expansion.

Accessibility of health care -- RMP has as a major goal the improvement of accessibility to health care. Examples of RMP supported activities are regionalization of emergency medical services, expansion of urban and rural primary care, and extension of rehabilitation and other specialized services.

The accomplishments of RMPs in categorical diseases contribute directly to improvements in the total health care system. The important role of RMP in the improvement of quality of care should not be overlooked. For example, work of the Inter-Society Commission in Heart Diseases, funded by an RMP contract, established quality standards. Local RMPs are assisting the providers in meeting these standards.

Finally, the RMPs have encouraged and supported Comprehensive Health Planning Agencies at both state and areawide levels. They have stimulated the organization of many B agencies, and have effected several CHP-RMP mergers. Recognizing the complementary roles of these two programs in the improvement of health care, Regional Medical Programs will continue this close collaboration with CHP.

AREA V REGIONAL MEDICAL PROGRAMS
CALENDAR - MAY 1971

Tuesday, May 4

AREA V

Seminar on "Health Care in Mexico..."
 (Registration Filled)

9 a.m. - 5 p.m.
 RMP Conference Room

Wednesday, May 5

AREA V

Confederation of
 CCU Directors

7:30 p.m. Good Sam
 Hospital

Thursday, May 6

CCRMP

Staff Consultants
 Committee

2 - 5 p.m. Hilton Inn
 S. F. Airport

Friday, May 7

AREA V

Continuation of May 4
 Seminar

10 a.m. - 2 p.m.
 RMP Conference Room

Monday, May 10

AREA V

Continuity of Care
 Cancer Subcommittee

12:15 p.m.
 RMP Conference Room

Tuesday, May 11

AREA V

Cardiac Coordinating
 Area Advisory Group

11:30 p.m. Conference Room

AREA V

7:30 p.m. Conference Room

Wednesday, May 12

AREA V

Social Workers Advisory

8 - 9:30 a.m.
 RMP Conference Room

AREA V

Hypertension Subcommittee

1 p.m. Conference Room

Friday, May 14

AREA V

Committee Chairmen

11:30 a.m. Conference Room

COMMITTEE CHAIRMEN MEETINGS MAY, JUNE, JULY

May 14

June 11

July 9

AREA ADVISORY GROUP MEETINGS 1971

May 11 July 13 September 14 November 9

CCRMP STAFF CONSULTANTS

have approved the creation of four new subcommittees as follows:

Health Needs of the Poor: To provide a means of bringing together prominent and knowledgeable persons who are participants in other activities related to health care for the poor. This will provide a point of focus which does not now exist for discussing specific needs in various segments of our population, reviewing what is being done by a variety of groups and sources to meet these needs, and what should be done in the future. This committee specifically relates to the national priorities. It would attempt to pull together the various activities in other public and private programs in an attempt to create a more nearly complete and unified approach to the total health care needs of the poor.

Organization and Delivery of Health Care: To study the various means of improving the delivery of health care and means to provide care where none exists. This committee relates specifically to the developmental component and the changes in RMP law concerning the development of primary care. It should consider any Social Security amendments pertaining to the development of health maintenance organizations.

Regional Committee on Manpower: Essentially, this committee will assume the functions of the previous Allied Health Committee and the Committee on Continuing Education, although Allied Health could be continued as a subcommittee.

Regional Committee on Legislation: To review rules and regulations concerning the organization and delivery of medicine, as well as legislation on this subject, and to recommend needed changes, especially in State Law.

The names of Chairmen and members to the new subcommittees have not yet been announced.

CCRMP

at its regular meeting on April 14, approved the development of a Program Review Committee for the special purpose of reviewing projects now in operation, evaluating their progress, and making determinations about their future. The suggested membership includes one CCRMP Advisory member, and representatives from the California Heart Assn., California Cancer Society, the Kidney Foundation, California Hospital Assn., California Medical Assn., as well as a representative of Public Health Administration and one member to represent the Deans of the Schools of Medicine involved in the California RMP.

* * * *

AREA V SOCIAL WORKERS ADVISORY COMMITTEE are planning a special meeting May 12 which will feature the presentation, by a team of graduate students from the USC School of Social Work, of a "Report of Research of Social Work Function in Extended Care Facilities." Guests will be welcomed; a phoned reservation to the Area V receptionist, not later than May 11, will be appreciated.

Area V SWAC members Tessie Cleveland, ACSW and Allen Spett, ACSW were members of the planning committee for the 11th annual Social Work Institute Apr. 16 and 17; also attending were Celia Mittleman, ACSW; Louise H. Hall, ACSW; and Ruth W. Cox, ACSW, and AREA V staff members Clyde E. Madden and Elias Chico. The Institute, chaired by Loris G. Phillips, gave social workers and their colleagues an opportunity to explore the factors and issues in the community that influence the provision of health care and services to all persons.

* * * *

FREE CLINICS...will be on display during "Free Clinic Week"--June 6-13. El Barrio Free Clinic is now in operation at 5016 E. Whittier Blvd. in East L. A. The Japanese community is in the process of organizing the Sho-Tokyo Health Clinic, to be located in Little Tokyo...the Chinese Free Clinic is still in a formative stage pending city approval of their proposed quarters. The Council of Free Clinics has been designated delegate agency to the L. A. Family Planning Council.

AREA V NURSING ADVISORY members had a busy meeting Apr. 5 reviewing proposals on which recommendations for endorsement had been requested: A nursing project "The Effects on the Nurse and the Patient from the Nurse's Participation in an Educational Program related to Grief and Death, submitted by City of Hope to the American Cancer Society" received their approval, as did "A Series in Administrative Practice for Nurses" submitted by the Center for Training and Development, School of Public Administration, USC and the Institute of Continuing Education for Nurse Practitioners, LAC/USC Medical Center. It was decided that the intent of an application to HEW Div. of Nursing for construction of teaching facilities for Nursing Education at Hollywood Presbyterian Hospital School of Nursing was not within the scope of RMP.

* * * *

HMO's (health maintenance organizations)--and all available information about their development and experience--are the subject of much study these days...Area V is working with several groups to develop the concept of HMO's and possible implementation. Dr. Donald W. Petit has begun a series of meetings with representatives of USC and the LAC/USC Medical Center for informal discussion regarding HMO's and their possible role...Marlene Checel represented CCRMP at an HMO meeting convened by Region IX office of DHEW.

* * * *

Area V was host, Apr. 20, for the 2nd in a series of meetings being held jointly by RMP Areas IV, V, IX and COMP-LA, to explore possible areas of cooperative effort.

* * * *

V minute news

Published by
CALIFORNIA REGIONAL MEDICAL PROGRAMS

AREA V
UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF MEDICINE

AREA OFFICE
1 West Bay State Street
Alhambra, Calif. 91801
Telephone (213) 576-1626

Editor — Elsie McGuff

Area V Staff

Donald W. Petit, M.D.	Area Coordinator
William A. Markey, M.S.	Deputy Coordinator
Frank F. Aguilera, M.P.A.	Community Programs
Dorothy E. Anderson, M.P.H.	Community Programs
Bruce Barnhill, B.A.	Evaluation
Marlene Checel, M.P.H.	Inter-Agency Activities
Elias Chico	Community Programs
Jane Z. Cohen, B.A.	Community Programs
Kay D. Fuller, R.N.	Nursing
Leon C. Hauck, M.P.H.	Health Data
John S. Lloyd, Ph.D.	Evaluation
Elsie M. McGuff	Communications
Clyde E. Madden, A.C.S.W.	Social Work
Robert E. Randle, M.D.	Continuing Education
Gail M. White, M.A.	Cancer Planning

Committee Chairmen

Area Advisory Group	Chester A. Rude
Cancer	Lewis W. Guiss, M.D.
Cardiac	George C. Griffith, M.D.
Continuing Education	Phil R. Manning, M.D.
Health Services Delivery	Martin D. Shickman, M.D.
Hospital Administrators	Henry B. Dunlap, M.P.H.
Library Services	John M. Connor, M.A.
Nursing	Fotine O'Connor, R.N.
Stroke	Robert H. Pudenz, M.D.
Systems & Computers	Lee D. Cady, M.D.