



DIRECTOR OF RMPS VISITS THE CALIFORNIA REGION

Dr. Harold Margulies was in California for a 3-day visit July 21, 22, and 23, to discuss with Area Coordinators, CCRMP, and Staff Consultant Committee members current and future program activities and goals. Here are some of his comments:

On RMP Development

"...If the Administration is able to carry out the Federal health strategy, RMP may be the key program around which all of the activities will pivot. If that is true, it is not going to be very easy. The demands will be varied and will increase and will be shifting as they have in the past, to the discomfort of many people. Anyone who wants a set policy doesn't realize that is a policy of change.

"...We may be asked to do a great many things and we should hesitate about what we agree to take on but I would hope that the Regions have the wisdom to pick the right targets and the courage to stick with them. We know most about health care delivery, the ways of measuring quality, how people relate and how people work together, and we know in each Region what is acceptable, what is flexible, and what can be moved and there is no doubt RMP can be a powerful agency.

"...We must get accustomed to the idea that RMP is not an independent structure. We can have influence with many other agencies but we can't move faster than each constituent wants to go. There are around us other structures and other federal and state agencies which will be moving, too. We have to define in each situation where we stand, how we can be most effective, and what we can achieve.

On Free Clinics

"...It would be foolish to overlook the kind of education we can get from the free clinic movement. It is doubtful it will survive permanently but there is no question that it presents an opportunity to understand a health care need which is not being met otherwise, provides us with a better understanding about something that must be done and how to reach a group of people that could not otherwise be reached.

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On Continuing Education

"...We should recreate continuing education in a sensible fashion that addresses the problems that need to be resolved, towards the way health care is delivered, that teaches physicians to investigate, organize and deliver a system, and that places continuing education in a social setting.

"...We need to organize the whole pattern of education in relation to the service provided so we can begin to understand where the education is relevant and where the service demands are inadequate or wasted, instead of training individual people in individual schools and hoping that they will somehow work together.

On Area Health Education Centers

"...The concept of Area Health Education Centers, greatly stimulated by the Carnegie Foundation Report, is now embodied in two bills before the Congress. One plans administrative responsibility for the centers in RMP, the other would result in assignment of responsibility to the National Institutes of Health...RMP will, under any circumstances, be associated with the centers, because of their common interest in enhancement of health care services.

On HMO's

"...RMPS is cooperating closely with other HEW efforts to develop HMO's. There has been established a national clearinghouse in HSMHA to keep records and oversee all HMO activities but the basic responsibility for their development is in the HEW Regional Offices. RMP's will be especially useful in the early phases by assisting in the convening of those who must meet together and by obtaining for them necessary consultation and other required supporting material. They will be of value later in the establishment of an effective health care system, particularly by assisting in HMO efforts to monitor the quality of care being provided. RMPS has the specific responsibility for developing guidelines and criteria for the monitoring of quality and for developing a concept and guidelines for health maintenance.

On Physician's Assistants

"...The Civil Service Commission has established grades for Physician's Assistants, most of whom will be employed by the Veterans Administration. The Director of RMPS serves as a member of an executive committee advising the Commission of the qualifications to be established for the grades GS 7, 9 and 11. RMPS continues to have a keen interest in Physician's Assistants development and will participate in the further definition of PA's their functions, their legal status, and their limitations."

CALENDAR

Tuesday, August 3

AREA V

Southern California Council
of Free Clinics

10:00 a.m.
RMP Conference Room

Tuesday, August 10

AREA V

Cardiac Coordinating
Committee

11:30 a.m.
RMP Conference Room

Friday, August 27

AREA V

Committee Chairmen

11:30 a.m. Conference Rm.

The Regional Kidney Disease Program...

went into action July 7 at a first meeting of its committee which elected as Chairman Richard J. Glassock, MD, Chief Div. of Nephrology, Harbor General Hospital. AREA V's representative is Sol Bernstein MD, Assoc. Prof. of Medicine LAC/USC Medical Center and AAG representative of USC Faculty.

Other AREA V people involved in the program are from LAC/USC Medical Center: Benjamin H. Barbour MD, Chief of the Renal Unit, So. Calif. Renal Dialysis Rehabilitation Center, who will be on the Nephrology and Dialysis Training Subcommittee; F. L. Orrell, Ph.D., Director of the Nephrology Training Program who will be a member of the Information Systems & Evaluation Subcommittee; and Thomas V. Berne MD, from the Dept. of Surgery.

Mr. Leon C. Hauck of AREA V Staff has been assigned to the Nephrology & Dialysis Training Component; the Program will be coordinated by Mr. Stan Fisher, CCRMP Associate Director.

Other members of the committee are: from Area I - Phyllis Cohn RN; Area II - Jack Palmer MD, Chief Div. of Urology, UC Davis; Area III - Zoltan J. Lucas MD, Dept. of Surgery, Stanford University Hospital; Area IV - Harvey C. Gonick MD, Assoc. Prof. Dept. of Medicine UCLA; Area VI - Stewart Shankel MD, Asst. Prof. of Medicine, Loma Linda U; Area VII - Darrel D. Fanestil MD, Dept. of Medicine, San Diego U. Hospital; Area VIII - Donald C. Martin, MD, Chief, Div. of Urology, Orange County Medical Center, Orange; Area IX - Joseph Alexander MD, Chairman Dept. of Surgery, Martin Luther King Hospital; Kidney Foundation of So. California - Orville J. Hoag, Jr.

The project was initiated in a CCRMP Committee on Related Diseases, chaired by Area Coordinator Donald W. Petit MD, and was developed further at the CCRMP Kidney Disease Conference at Santa Barbara this spring.

A planning grant is being submitted Aug. 1 to CCRMP which has earmarked \$122,000 for this special work on kidney disease.

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Some Reader's Comments on the Concept of Area Health Education Centers

"The concept makes a great deal of sense in terms of achieving coordination among all of the activities in one area that are related to the training of health professionals. Is it contemplated that the University Health Science Center be based in the medical school or the university as a whole? Since there are other relatively independent schools in a university relating to health (dentistry, nursing, public health, social service, etc.) it would appear that there will need to be a look at that arrangement as it applies to relations with area centers...most medical schools have historically tended to confine their interests to medical education. The other health fields are increasingly demanding of their own dignity and identity."

"How does an Area Health Education Center get formed? The qualifications of hospitals, even those with various training programs, to be education coordinating units should be examined. It may merit thinking in terms of a separate organizational unit, such as a consortium, that involves local educational facilities and professional associations. In that way several hospitals might, where appropriate, be involved; naming one, in an area where there are several good ones, is a sure way to promote instant resistance."

"We in hospitals have long hidden education costs in charges for services to patients and either pretended they weren't there or that they actually reduce costs. That just isn't true and it's time we recognized it and gave education and training the dignity it deserves and fund it directly. This is not to say that "on job" experience is not an essential part of the educational process and that both can't occur in the same place. Obviously they can and they must."

"I would hope that such a program might seek to reduce the rate of proliferation of specialties, particularly in the allied health fields."

"In order to make this training available to the maximum number of interested young people, the matter of geography would need to be considered. This factor would seem to indicate two centers for San Gabriel Valley, one for the west end--to cover Pasadena, Alhambra, Temple City, etc., and one for the east end--covering Covina, Pomona, etc. The area east of ELA would need another for Whittier, Norwalk, etc., and, of course, Antelope Valley should have another center."

"The title is misleading. "Health Education" should be "Center for Education of Health Personnel." The term "Health Education" has the connotation of public education because this is how it has been used."

"This concept will be successful in proportion to how broad the concept of education can be, whether medicine gets the lion's share or whether it is divided equitably among the professions."

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