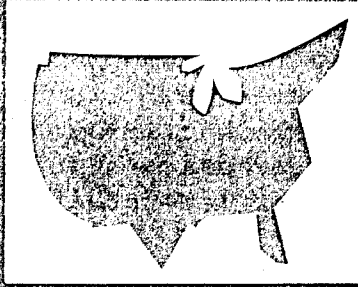




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division of
regional
medical
programs



A communication device
designed to speed
the exchange of news,
information and data on
Regional Medical Programs

• news
• information
• data

- SPECIAL ISSUE -
REVIEW of Report of Surgeon General on Regional
Medical Programs to the President and Congress

Attached is a copy of the Report on Regional Medical Programs from the Surgeon General to the President and the Congress which indicates at the time the Report was written (June 30, 1967) that planning activities for Regional Medical Programs for heart disease, cancer, stroke, and related diseases were underway in some 47 defined Regions in which some 90 percent of the population of the Country live. It also states that operational programs had already begun in four Regions (see Exhibits III and IV - pages 62-74) to make the latest advances in diagnosis and treatment of these diseases available to all people in those Regions who are threatened by the three major causes of death in America today.

This 100-page Report, submitted by the Surgeon General of the Public Health Service through the Secretary of Health, Education, and Welfare, reviews the activities and accomplishments during the first 21 months from the enactment of Public Law 89-239 until June 1967. As the Heart Disease, Cancer and Stroke Amendments of 1965 to the Public Health Service Act, the Law authorized grants to help medical practitioners and medical institutions throughout the Nation make the latest advances in diagnosis and treatment developed by research efforts over the past several years available to people suffering from these diseases. The Law implemented certain recommendations of the Commission on Heart Disease, Cancer, and Stroke appointed by the President in February 1964.

It is expected that the President will soon forward to Congress proposals for action on the extension of the legislation which expires in 1968. The specific recommendations and needs identified in the Report will be the basis for the legislative proposal. The program is headed by Robert Q. Marston, M.D., Director of the Division of Regional Medical Programs and Associate Director of the National Institutes of Health where the program is administered. Involved in its operation at the National level are more than 200 leaders in all aspects of health who serve on the National Advisory Council, Review Committees, and as consultants to the Program (see Exhibits II, V, VI, VII - pages 61, 75-80). In addition to the more than 1,600 voluntary representatives from all health organizations and institutions at the local level as members of Regional Advisory Groups, the Programs themselves are being directed by Coordinators and Directors, many of whom have already achieved prominence in other fields of health and medicine (see Exhibit VIII - pages 81-86). Working with the nearly 1000 staff members of the Programs themselves are some 150 staff members of the Division of Regional Medical Programs, who represent a mix of experienced government people and those who have come to the Division from voluntary and private health related activities (see Exhibit X - page 93).

According to the Report, awards totaling \$24 million have been made to support planning activities in the 47 Regional Medical Programs, and grants of \$6.7 million to four of these Regions to initiate operational programs (see Exhibits III, IV - pages 62-74). The Report also notes that applications for initial planning activities from additional Regions covering the remainder of the Country and its population are currently under review or development.

The Report, reviewing the initial 21 months of experience in developing the concept of Regional Medical Programs and the Programs themselves (see Supplement: Regional Medical Programs in Action - pages 38-57) confirmed the soundness of this new approach for improving patient care by upgrading its quality and making it as widely available as possible through local cooperative leadership and initiative supported by Federal funds. As a result, extension of the Law

is recommended in the Report with a few modifications. Identified as two major needs that must be met to make the full implementation of Regional Medical Programs feasible are authority for construction of new facilities, particularly for educational programs in community hospitals, and for greater assistance to interregional and other supporting activities. In addition, the Report recommends that the existing legislation be modified to provide for fuller involvement in the program of practicing dentists, and the broader participation of Federal hospitals (see attached HIGHLIGHTS OF SURGEON GENERAL'S REPORT for other recommendations and details).

"The essence of this Report, I am pleased to note, is that Regional Medical Programs have made a substantive and impressive beginning. The task ahead is to bring to fruition a truly unique and promising venture designed to advance the effectiveness and quality of medical care available to those who suffer from heart disease, cancer, stroke and related diseases," wrote Surgeon General William H. Stewart in the Foreword of the Report. He was referring to the fact that virtually the entire Country is now involved in the Programs which, unlike all other Federal programs, are principally dependent for their planning, decision-making and implementation on local initiative and leadership.

Dr. Robert Q. Marston, Associate Director of the National Institutes of Health and Director of the Division of Regional Medical Programs, points out that the recommendations and conclusions of the Report are based on the operating experience of Regional Medical Programs.

"The description of the Regional Medical Programs in Action, the supplement to the Report, highlights the exciting and auspicious beginning of these new Programs covering the Country," said Dr. Marston. "These Programs hold great potential for improving patient care in the areas of heart disease, cancer, stroke and related diseases."

HIGHLIGHTS OF SURGEON GENERAL'S
REPORT ON REGIONAL MEDICAL PROGRAMS
TO THE PRESIDENT AND THE CONGRESS

Over and above recommending that Public Law 89-239 should be extended, the Report recommends that...

- Based on the fact that a limited amount of new construction has been found to be essential to achieve the progress of the Program, "adequate means be found to meet the needs for construction of such facilities as are essential to the purposes of Regional Medical Programs." One example of such needs is educational facilities, particularly in community hospitals.
- To facilitate the work and implementation of individual Programs, "an effective mechanism be found for the support of interregional activities necessary to the development of Regional Medical Programs."
- "Patients referred by practicing dentists be included in research, training and demonstration activities carried out as necessary parts of Regional Medical Programs."
- "Federal hospitals be considered and assisted in the same ways as community hospitals in planning and carrying out Regional Medical Programs."

.....

In terms of complying with the provisions of the Law, the following observations are made in the Report...

- In keeping with the provision of the Law "to encourage and assist in the establishment of regional cooperative arrangements," the Report notes that, "the major health agencies of the Regions have been involved in the development

of these Regional Medical Programs." In addition to the more than 100 leaders in American medicine and health fields participating in an advisory capacity at the National level and the nearly 50 full-time Coordinators and Program Directors, over 1,600 individuals are participating locally with the Regions as members of the policy making Regional Advisory Groups in the 51 funded and pending Regions. These groups include....

- . 356 practicing physicians
 - . 281 medical center officials
 - . 260 members of the general public
 - . 196 voluntary health representatives
 - . 170 hospital administrators
 - . 122 public health officials
 - . 142 other health workers
-
- . Outstanding leaders from medical education, medical practice, hospitals and government agencies have been named to direct the activities of the Programs as full-time Coordinators or Directors. About one half previously held important positions as university vice presidents for health affairs or medical school deans or professors. Others are from the private practice of medicine or from key positions of administrative leadership in hospitals or other voluntary or governmental health agencies.

 - . Geographically, the Regions have ranged in size from single metropolitan areas such as the New York Metropolitan Area and Metropolitan Washington, D.C., to multi-state areas such as the Intermountain Region (Utah and parts of Colorado, Idaho, Montana, Nevada and Wyoming) and Washington-Alaska, and in population from less than 1 million to over 18 million. The judgment of the definition of the boundaries of the Region in each case was made initially by the people in the Regions themselves.

 - . In the Kansas, Missouri, Intermountain and Albany (N.Y.) Regions, already funded for operational activities, the projects underway have different requirements and approaches consistent

with their existing manpower, facilities and capabilities for making the latest advances in diagnosis and treatment of the three diseases available to their people. In various degrees of emphasis, these include exchange of personnel, consultation and other assistance between major medical centers and community hospitals; continuing education programs for physicians and allied health workers in both settings; development and demonstration of improved methods for implementing the latest advances in diagnosis and treatment of the categorical diseases; and development of systems for developing understanding and cooperation among institutions, organizations and individuals to further expand the Programs among those who will work in them and among those who will benefit from them.

.....

In describing the effectiveness of the Regional Medical Programs to date, the Report notes that...

- . The first objective: "The establishment of regional cooperative arrangements" has "been outstanding."
- . The second purpose: "To afford to the medical profession and medical institutions of the Nation, through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the diagnosis and treatment of these diseases" has shown progress which to date "indicates that the basic concept of looking to regional groups for ideas and initiative is well founded."
- . The third purpose: "To improve generally the health manpower and facilities available to the Nation" is being carried out as "Regional planning holds the potentiality of accomplishing this objective."

The Report also poses six questions growing out of concern for the diversity and complexity of forces that characterize the American health scene...

- . Can the character, quality, and availability of health and medical care services in the areas of heart disease, cancer, stroke and related diseases be significantly and measurably modified?
- . Are the regional administrative entities developed for these programs viable and durable over a long period of time?
- . Can voluntary professional and institutional compliance be obtained in the efficient disposition and use of critical manpower, facilities and other resources on a regional basis?
- . How will the activities generated under Regional Medical Programs affect medical care costs and influence the extent to which such costs can be met by normal financing methods versus direct support through Regional Medical Programs?
- . What long-term relationships should be established to assure that Regional Medical Programs complement other Federal health programs, particularly the Comprehensive Health Planning Program initiated under Public Law 89-749?
- . How can local programs overcome lack of space to carry out certain of the activities and functions being engendered by Regional Medical Programs, particularly space for training and continuing education?