



J. MOSS
DISTRICT 3 - SACRAMENTO

CALIFORNIA REGIONAL MEDICAL PROGRAM

The California Committee on Regional Medical Programs was established in 1966 and is currently funded at a level of \$2,974,497. The California program has established eight subregions, each one the responsibility of one of the eight medical schools in the state. Paul D. Ward, former Health and Welfare Commissioner of the State, is Program Coordinator. Currently under review is an operational request with fourteen projects totaling over twelve million dollars.

In the operational phase the new medical school at Davis has proposed two projects. The first is a "living laboratory" in Roseville to field test innovations in the provision of health care. The second involves the use of mobile television units to play back video tapes for physicians and paramedical personnel in the Davis area.

An operational project in the Watts-Willowbrook area focuses on the problem of improvement of health care in the "inner city" other operational projects include specialized coronary care units to make available the best care for heart attack victims, manpower training and communications technology.

More specific details on the California Regional Medical Program follows.

California Regional Medical Program

REGION State of California

COORDINATING HEADQUARTERS California Committee on Regional Medical Programs

STARTING DATE November 1, 1966

FUNDING

<u>Current Award:</u>	\$2,974,497
<u>Under Review:</u>	\$12,213,965
<u>Projected Next Year:</u>	\$15,000,000

OPERATIONAL STATUS Application under review

PROGRAM COORDINATOR Paul D. Ward

ADVISORY GROUP

1. Chairman: Roger Egeberg, M.D., Dean School of Medicine University of Southern California
2. Membership: 28
Medical Schools 9, Medical Societies 3, Schools of Public Health 2, Hospital Administrators 2, Hospital Association Officials 1, Cancer Society 1, Heart Association 1, State Health Officer 1, Other Public Officials 1, Businessmen 2, Labor 1, Other Public Representatives 4.

Preplanning activities began in September, 1965 with the formation of a group which later became the California Committee on Regional Medical Programs. The Committee met several times to prepare an application and also held two public meetings to acquaint practitioners, hospital officials and others with Public Law 89-239. These activities were supported by non-federal funds.

In December, 1966 Paul D. Ward, Health and Welfare Administrator for the State of California was appointed Director of the program.

ORGANIZATION AND STAFFING

The California Regional Medical Program contains nearly 20 million people, and covers the entire state. It contains eight medical schools and a vast number of health institutions and personnel.

A non-profit corporation has been formed to act as grantee and to supervise and coordinate the efforts of participating agencies. The Board of Directors of the California Committee on Regional Medical Programs has 19 members including the eight Deans of the Medical Schools in the region, the two Deans of the Schools of

Public Health, three members from the California Hospital Association, the Director of the State Department of Public Health, and the Presidents of the Heart Association and the Cancer Society.

For continued planning purposes, subregions of various sizes and population have been designated. There are eight such subregions with a medical school responsible for each:

- I. University of California - San Francisco
- II. University of California - Davis
- III. Stanford School of Medicine
- IV. University of California - Los Angeles
- V. University of Southern California
- VI. Loma Linda University School of Medicine
- VII. University of California - San Diego
- VIII. University of California - Irvine California College of Medicine

Each of the subregions has an Area Coordinator and a Local Advisory Group concerned with local planning and program development. The boundaries for the subregions have been arbitrarily drawn along county lines but they remain flexible; future planning is expected to eliminate overlap areas.

The subregions are at various stages of development. Some are ready to become operational while others are in the planning phase or are recruiting staff.

REGIONAL ADVISORY GROUP

The Regional Advisory Group consists of the Board of Directors of the corporation several additional public representatives interested and knowledgeable about health affairs.

PLANNING ACTIVITIES

Planning is proceeding at several levels. A Data Needs Subcommittee was established to obtain morbidity and mortality data, patient origin studies, and inventory of advanced clinical resources. Other studies are being done by the California Medical Association, California Hospital Association and the program itself.

Progress has been made in each of the subregions. Even before the new medical center of the University of California at San Diego was brought into the program, explorations had been started towards relationships with the organized medical community of Imperial County, and with towns in the northern part of San Diego County.

Similarly, the California College of Medicine, looking forward to a physical move to Irvine had begun to establish relationships in Orange County. Concurrently a sociologist at neighboring riverside, was drafting plans for health service utilization studies in Orange County.

The U.C.L.A. medical center has established five community committees-- Santa Barbara, Fresno, Kern County, Ventura County and Santa Monica. This activity thus embraced communities covering an extensive area of advanced stages of preparation. Five additional community committees were in four separate districts along the periphery of metropolitan Los Angeles and a fifth involving the community Cedar of Lebanon - Mt. Siani Hospital complex.

The University of Southern California concentrated its planning activities within the urban core of Los Angeles. It had established inter-area coordination with the medical centers at UCLA and Loma Linda University, had embraced the Watts and Willowbrook areas into regional planning and was mobilizing county-wide facilities-- such as a rehabilitation center.

Loma Linda University undertook discussions pointed toward cooperative arrangements in the area east of the Sierra Nevada. It had already established links with the medical community and the public in San Bernardino and Riverside Counties.

Stanford University Medical Center also participated in the preliminary planning in advance of its inclusion in the program. Stanford, already had many informal contacts throughout the western United States. Even in the preliminary stages of the regional medical program, Stanford established links in Monterey and several Central Valley towns.

The University of California at San Francisco undertook relationships in each of nine Bay Area Counties. Formal committee structure was set up with such groups as the Alameda-Contra Costa Medical Association. Exploratory meetings were conducted with practitioners in communities throughout the area to establish a basis for meaningful links with the university center.

The University of California, at Davis started discussions with the medical communities throughout its area. Formal committee structure had already emerged and plans for a medical-ecological study in Roseville were being drafted following the first surveys.

Operational Activities

An operational grant application has been received from the California program. It contains 14 proposals and requests over 12 million dollars to carry them out. The following list indicates the nature of the projects in four general categories:

I. Coronary Care Units

1. University of California at San Francisco
2. University of Southern California
3. UCLA - Physician Training
4. UCLA - Nurse Training

This activity reflects a growing conviction in the medical community of the value of coronary care units. At the same time, the need for training of both physicians and nurses exists.

II. Community - wide Projects

5. Watts - Willowbrook
6. UC Davis Roseville living laboratories

Two community-wide projects are proposed to attempt improvement in urban health care. One is the depressed Watts - Willowbrook area of Los Angeles. Roseville is a typical city of inland northern California. Methods of improving patterns of care can be quickly translated for action in other communities.

III. General Manpower Training

7. California Heart Association
8. UCLA Anceographic Training for Physicians

These two projects, one to train science students in cardiovascular research and the other to improve radiologists' skills, are efforts to attack the crucial manpower shortage.

IV. Communications and Information Handling

9. RMP Medical Television
10. UCLA San Joaquin Video Tape Distribution
11. UCLA Medical Education Computer
12. UC Davis Mobile Video Tape
13. Loma Linda Computer Display
14. Loma Linda Library Services

These projects encompass a variety of continuing education activities making broad use of electronics and ranging from pilot and exploratory demonstration projects to support for the Southern California Medical Television Network.

Relationship to Comprehensive Health Program

There is a close relationship with the California Department of Public Health and with Health Facilities Planning, Health Manpower Planning, and the Hill-Burton Program.