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As a corollary to the above concerns, the Committee discussed at length the question of geographic distribution. Should some funds be withheld to assure geographic coverage when regions not now applying for funds decide to come in with requests for operational grants? The Committee agreed the procedure to use is to fund the initial proposals at a more modest level in order to allow the funds to go further in more regions. A benefit of this approach would be the likelihood of keeping manpower drain or raiding of available manpower resources down to a minimum and allow for a more orderly starting of regional functioning.

The Committee discussed extensively the relationship of the review of specific projects contained within an overall operational grant request to the final decision about the overall level of the grant award. The Committee recognized that they did not have available detailed expert information and opinion concerning the individual projects. They further recognized that the applications themselves did not, in most cases, provide the detailed information on which such an opinion could be based and that the site visits which had been held did not provide the basis for detailed judgment on each of the specific projects. They also recognized that a site visit which was intended to look at the overall soundness of the regional medical program would not be likely to contain the kind of expertise which could, in fact, reach detailed judgments on each of the projects.

The opinion was also expressed by a number of members of the Committee that, in fact, the Committee should not attempt to reach such detailed judgments since specific decisions about implementation of a regional medical program should be left to the regional decision making process. The nature of the future site visits was discussed with the request that these allow sufficient time to reach more considered judgments and agreements about the recommended level of funding before the end of the site visit.

The Committee felt that the additional information which would be provided by the proposed review mechanism discussed by the Staff would provide the additional information necessary. There was general agreement by the Committee that the use of this additional information about specific projects would be to identify those activities, about which serious doubts could be raised because of lack of competence, duplication of existing activities, grave defects in the proposal, lack of relationship to the objectives of regional medical programs, or other factors which would make any reasonable progress in that particular activity unlikely. The Committee felt that the regional medical program should have considerable flexibility in the implementation of those activities which were considered acceptable, including the modification of the proposal according to their priorities and the adjustments in the program if less than full funding was provided.

The Committee agreed that the key issue in reaching a recommendation on an operational grant proposal would be the process of identifying the serious problems within the proposal while at the same time preserving the initiative, determination, and decision making for the regional medical program.

2/16/67

In arriving at a position with respect to funding, the Committee explored the possibility of providing the region with a lesser dollar amount than requested, with the requirement that the region designate how this lesser amount would be allocated among the activities proposed so that the DRMP and the review group would have available an initial description of the operational program against which progress could be measured and evaluated in subsequent reviews. The lesser amount would force the region to sharpen priorities and would recognize that some of the activities could be effectively implemented at lesser levels. In addition, it was felt the region should be informed of Committee and Staff concerns about individual projects, but that in the absence of outright negative indication about a particular activity it would be incumbent on the region to decide on the priority of project funding, and to provide evidence of resolution of particular concern in letters, visits, and annual progress reports, as experiences with the projects occur.

Agreement, therefore, was reached that total dollar value given to a region generally should be somewhat less than that proposed for the support of every meritorious project, based on the recognition that sufficient funds would not be available to support all such projects proposed or to be proposed. Where other sources of Federal support exist for the same project proposed for funding under the Regional Medical Programs, these should be identified for the information of the region where possible. However, in all cases where individual projects are clearly within the purview of the regional program, it is within the discretion of the region to determine priority of funding.

Of particular concern were the large requests for funding of hardware. How one comes to grips with such costs and overlap with other regions and sources of support is a major problem. It was suggested that innovative or novel hardware requirements could possibly be supported in one region to establish usefulness and value. It was concluded that this is a Staff problem to be resolved at the Division level. The thought was expressed that hardware costs should be held to a minimum until such time as requests can be evaluated separately by means of a special study, probably at the national level. Such a study would identify the types and distribution of various hardware, intra-, inter-regional sharing of such equipment, and needs for expansion and development of further facilities.

On the basis of the foregoing reasoning, and discussion of the various proposals, the Committee requested the DRMP staff to prepare specific recommendations for funding levels for all four applications. After discussion of the Staff proposals the Committee recommended approval in the amounts suggested by the Staff with a flexibility of plus or minus ten per cent. It was suggested that Staff would determine the exact dollar amounts for each part of the grant request after discussion with the regional representatives. The specific funding recommendations are described in the individual Blue Sheets for each application.

2/16/67

LIST OF OTHER ISSUES DISCUSSED BY THE COMMITTEE DURING CONSIDERATION OF THE
OPERATIONAL GRANTS

Review and Evaluation

1. What contacts should be made with other segments of PHS, e.g. study sections, bureaus?
2. Who is responsible for subject matter review?
3. What aspects of application are to be reviewed and by whom, e.g. personnel needs, adequacy of project?

Planning

1. Relationship of planning to operational phase;
2. How to distinguish planning in operational phase from activities supported through the planning grants;
3. Parallelism of planning and operations;
4. Should planning of similar projects at different institutions within the region be permitted--if so, to what extent, e.g. different hospitals planning same projects;
5. Nature of regions.

Priorities

1. If funding is reduced who determines where monies are to go?
2. At what level does region decide it must redesign whole program because of insufficient funds?
3. Should priorities be established for specific projects on basis of national criteria of excellence or in terms of the value of the project in achieving the objectives of the particular regional medical program?

2/16/67