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PROFILE: NEW JERSEY REGIONAL MEDICAL PROGRAM

**Grantee: New Jersey Joint Committee for
Implementation of Public Law 89-239
(A Non-Profit Corporation)**

Chief Executive: Alvin A. Florin, M.D., M.P.H.

**Profile originally prepared by:
Frank S. Nash**

Original date: October, 1969

Up-dated: _____

I. GEOGRAPHY

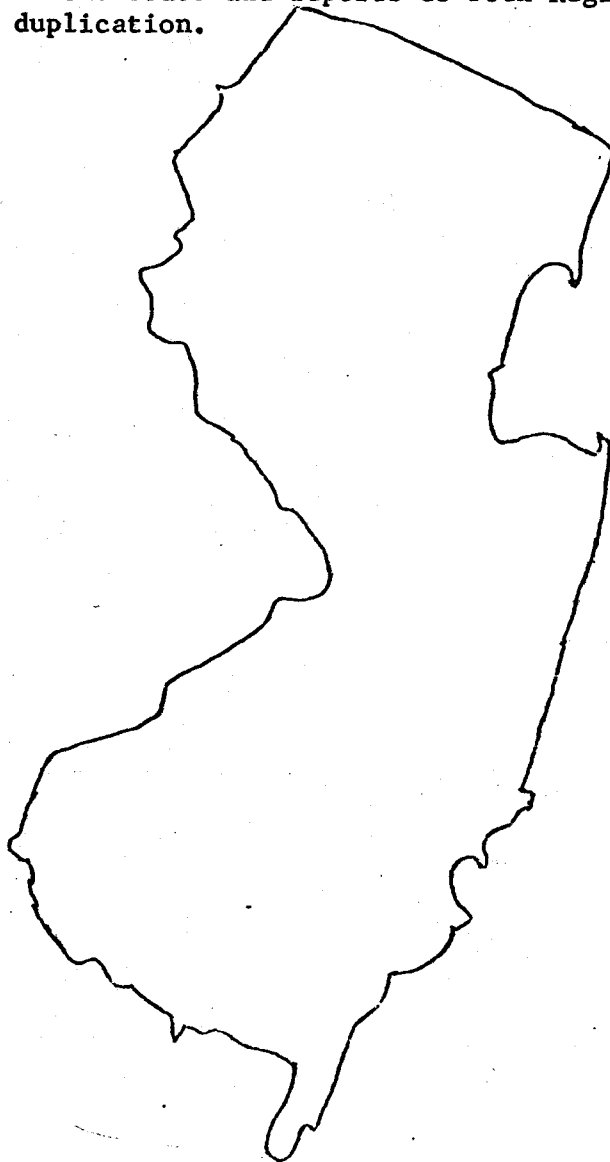
The boundaries of the New Jersey Regional Medical Program are coterminous with the state.

A) Interface with Metropolitan New York Regional Medical Program

- 1) Active contacts are maintained between the two regions.
- 2) A training program in oncology for New Jersey physicians was conducted at Memorial Sloan-Kettering Center.

B) Interface with Greater Delaware Valley Regional Medical Program

- 1) Both RMPs share responsibility for the southern 10 counties of New Jersey.
- 2) A liaison committee reviews planning and operational proposals and refers to appropriate Region.
- 3) A liaison officer offers continuing staff support to this area of the state and reports to both Regions in order to avoid duplication.



II. DEMOGRAPHY

A) Population: approximately 7,100,000

- 1) Approximately 89% urban.
- 2) Approximately 91% white.
- 3) Median age: (1960) 32.4; U.S. - 29.5

B) Land area: 7,521 square miles

C) Health statistics:

- 1) Mortality rate for heart diseases--454/100,000 (high)
- 2) Rate for cancer--177/100,000 (high)
- 3) Rate for CNS vascular lesions--84/100,000 (low)

D) Facilities statistics:

- 1) New Jersey College of Medicine and Dentistry - enrollment 316.
- 2) State University, Rutgers Medical School, New Brunswick, New Jersey (2 yr. school) - enrollment 35.
- 3) There are 42 schools of nursing, seven are college or university affiliated.
- 4) There are 28 schools of Medical Technology - all hospital based.
- 5) As of 1966 AHA Guide there were 54,960 hospital beds in the State; 3,527 Federal and 51,433 non-Federal.

E) Personnel statistics:

- 1) As of 1962 there were 8,531 M.D.s and 523 DOs in the state. (M.D.s in private practice - 6,728 = ratio of 107/100,000)
- 2) As of 1962 there were 38,654 nurses in the State, 23,758 active (377.3/100,000).

III. POLITICS

A) Governor:

Richard J. Hughes (D), 1970-

B) Senators:

- 1) Clifford P. Case (R), 1954-1973; Appropriations
- 2) Harrison A. Williams, Jr. (D), 1958-1971; Member Banking & Currency, Labor & Public Welfare, Chairman, Special Committee on Aging

C) Congressmen:

- 1) Charles S. Joelson (D); Appropriations
- 2) Edward J. Patten (D); Appropriations
- 3) Joseph G. Minish (D); Banking & Currency
- 4) William B. Widnall (R); Banking & Currency
- 5) Florence P. Dwyer (R); Banking & Currency, Government Operations
- 6) Frank Thompson, Jr. (D); Education & Labor
- 7) Dominick V. Daniels (D); Education & Labor
- 8) Cornelius E. Gallagher (D); Government Operations

IV. HISTORICAL REVIEW

- December, 1965 - State Commissioner of Health invited organizations and individuals interested in implementing PL 89-239 to attend an organizational meeting in Trenton. Twenty-eight attended, and acting as an ad hoc committee decided a non-profit corporation should be formed to apply for an RMP planning grant.
- February, 1966 - New Jersey Joint Committee for Implementation of PL 89-239 incorporated with the following organizations as trustees of the Corporation: New Jersey Heart Association; American Cancer Society, New Jersey Division; the Medical Society of New Jersey; New Jersey Association of Osteopathic Physicians and Surgeons; New Jersey Hospital Association.
- August, 1966 - First meeting of the New Jersey Joint Committee for Implementation of PL 89-239:
- A) Dr. Joseph R. Jehl, President, The Medical Society of New Jersey, elected Chairman.
 - B) Officers of the Corporation name a 15 member Executive Committee which includes the five elected officers of the Corporation plus 10 others interested and active in Health in New Jersey.
- September, 1966 - Planning grant application submitted requesting support for two years 1/1/67-12/31/68, total request - \$604,055 (DCO)
- October-November 1966 - Committee and Council recommend application be returned for revision. Major concerns:
- A) Because one medical school is new and just developing and the other is undergoing extensive reorganization, there appears to be no central authority.
 - B) Additional information needed regarding the qualifications of the Corporation listed as the applicant to serve as the foundation for a RMP.
 - C) Methodology as stated in application is not clear.

March, 1967

- Planning grant application revised and resubmitted, requesting two years support for period 7/1/67-6/30/69. Request for first year \$597,860 (DC), total request, \$1,272,726.

Three major objectives:

- A) Assessment and utilization of health resources.
- B) Education and training of physicians and allied health personnel.
- C) Community action and research.

July, 1967

- Planning grant awarded with budget reduced 50% below requested amount for first year. Second year commitment for the amount requested. (\$274,417 for 7/1/67-6/30/68 (DC) and commitment for 7/68-6/30/68 - \$614,162 (DC)

Dr. Alvin A. Florin appointed Acting Program Coordinator by Executive Committee to serve on 50% time basis. Dr. Florin had been serving as Acting Coordinator on loan from his position as Director of the Heart Disease Control Program, New Jersey State Department of Health.

James P. Harkness Ph.D., Acting Chairman of Preventive Medicine and Community Health, New Jersey College of Medicine and Dentistry, appointed Acting Associate Program Coordinator on 50% time basis.

May, 1968

- Planning Grant Continuation Application submitted requesting support for period 7/1/68-6/30/69. The amount previously committed was requested - \$669,351 (DC).

Operational Grant Application submitted requesting support for nine projects. Total of \$2,231,651 requested for period 12/1/68-11/30/71 (DC) - \$972,521 requested for first year.

- June, 1968 - Planning Continuation application approved and awarded in time and amount requested - \$669,351. (\$601,587 new funds plus \$67,764 carryover (DC). (Use of \$200,000 of the award was restricted until after a six-month review of expenditures).
- July, 1968 - Dr. Florin appointed Coordinator, Dr. Harkness appointed Assistant Coordinator to serve on full-time basis.
- September, 1968 - Pre-Operational Site Visit by: Consultants; Mr. Paul Ward, Dr. Edward J. Battersby, Mr. Marvin Meltzer; DRMP Staff: Dr. Conley, Mrs. Silsbee, Mr. Strachocki. Recommended operational status with budget reductions.
- November, 1968 - Corporation By-Laws ammended consolidating the 54 member RAG and 15 member Executive Committee into a 25 member RAG. The former arrangement had become unresponsive to the needs of the Region.
- February, 1969 - Operational Grant application approved with conditions and at a reduced amount. \$501,055 (DC) approved for first year 4/1/69-3/31/70 and \$501,055 per year committed for 4/1/70-3/31/71 and 4/1/71-3/31/72
- Conditions were placed on release of funds for the hemodialysis training project:
 Confine training to personnel from hospitals with equipment to utilize this training, objectives and procedures of the curricula for specific types of training be developed and clarified before the training begins.
- Renewal of Core and Planning support requested for three year period (7/1/69 - 6/30/72). \$696,250 requested for first year 7/1/69 - 6/30/70. Total three year request, \$2,189,350 (DC).
- May, 1969 - Supplement to Core requested to support expansion of Urban Health Coordinator program. Amounts requested: 01, \$184,276; 02, \$205,700; 03, \$134,677 (DC).

June, 1969

- Supplement to operational grant awarded to provide three year Core and Planning support. Totals of this award: (9 mos. to bring planning and operational periods in line, \$478,650 DC, 7/1/69 - 3/31/70; 02 commitment \$638,200; 03 commitment \$638,200 and 04 commitment (3 mos.)- \$159,550 (DC).

August, 1969

- Supplement to Core request for expansion of Urban Health Coordinator activity approved in time and amount requested.

January, 1970

- Supplement to operational Grant approved to provide Cancer Care Courses for Nurses. Approved in amount and time requested (\$60,450; \$61,463 and \$63,156 for three year total of \$185,069 (D.C).

NOTE: No new RMP funds have been made available for the above two projects pending resolution of RMP Fiscal Year '70 Budget.

V. CORE STAFF

- A) Core staff headquarters is in the Veterans Administration Hospital grounds near the New Jersey College of Medicine and Dentistry (88 Ross Street, East Orange, New Jersey). The space has been provided by the Veterans Hospital to the New Jersey College of Medicine and Dentistry who in turn has made it available for RMP use.
- B) Program Coordinator is Alvin A. Florin, M.D., M.P.H. (full-time); Assistance Coordinator is James P. Harkness, Ph.D. As of October, 1969, 33 of 36 budgeted positions are filled; all on a full-time basis.
- C) Core staff detached from Core Headquarters:
- 1) One staff member assigned full time to the Department of Preventive Medicine and Community Health, New Jersey College of Medicine and Dentistry.
 - 2) Three full-time staff with secretarial support are assigned to three first-round Model Cities of Newark, Hoboken, and Trenton.
 - 3) One field coordinator for Southern New Jersey is devoting a portion of her time to the development of a grant application for the establishment of a "B" agency to serve seven southern counties of the State.
 - 4) A Core staff member is assigned full time to Martland Hospital Unit of New Jersey College of Medicine and Dentistry to coordinate a survey of emergency medical services for the Newark metropolitan area. (The survey gives particular attention to emergency services for heart patients.)
- D) Other:
- 1) See organizational chart attached.
 - 2) Curriculum Vitae on Key Core Staff appears in "Appendix".
 - 3) List of Core Staff and percentage of time appears in "Appendix".
- E) Biographical Data:
- 1) Program Coordinator: Alvin A. Florin, M.D., M.P.H.

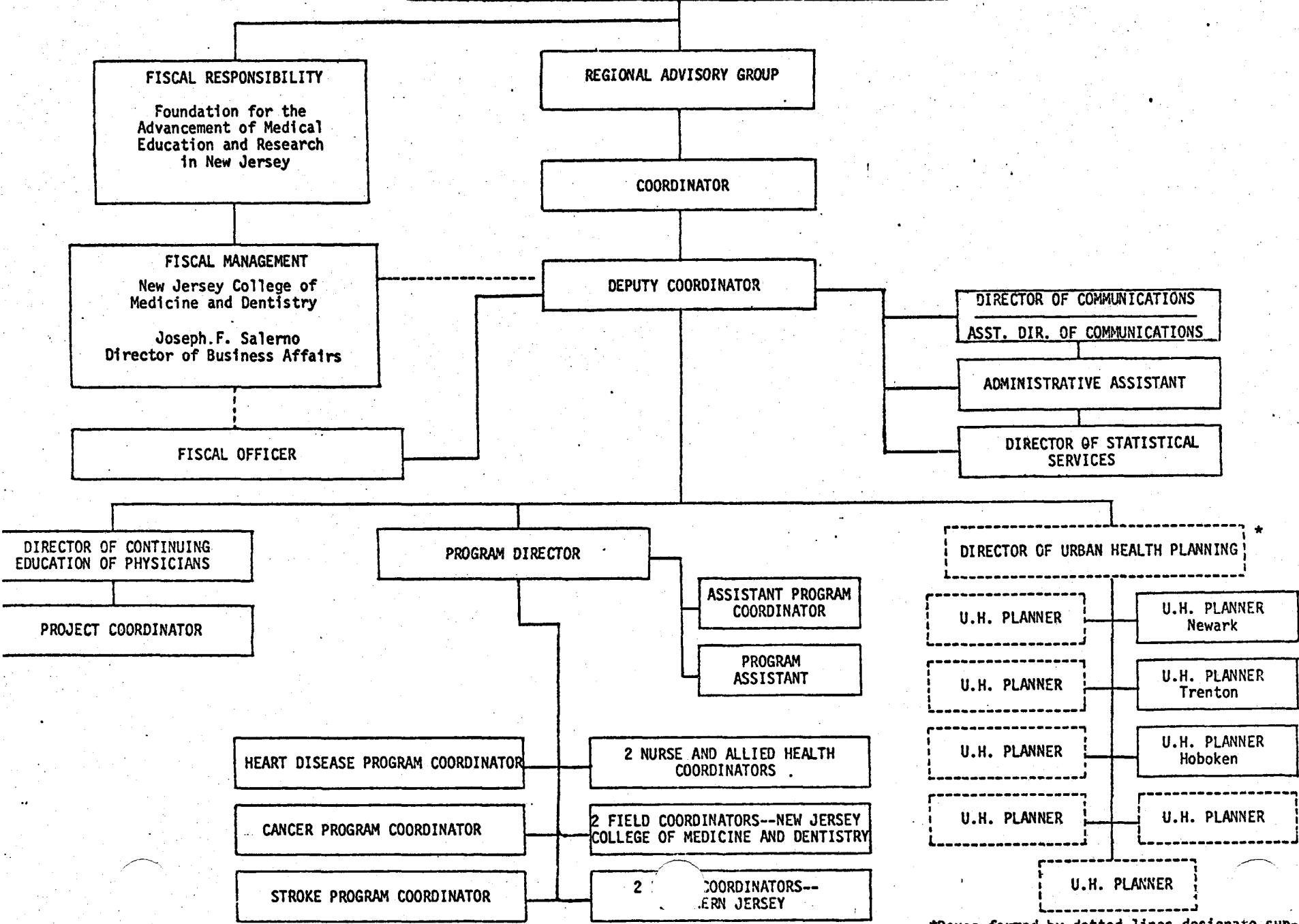
A graduate of Columbia College of Physicians & Surgeons and received a Masters Degree in Public Health from Columbia University. Prior to assuming the duties of Coordinator, he served in the New Jersey State Health Department in the Heart and Circulatory Disease Control Program. He has led a part-time private practice of medicine for a number of

years. Has published numerous articles on Public Health and Heart Disease Control activities.

2) Assistant Coordinator: James P. Harkness, Ph.D.

Received Ph.D. in Medical Sociology from Michigan State University. Worked for a number of years in United States Public Health Service in the former Bureau of Health Services and with Departments of Preventive Medicine in medical schools. Has taught sociology and published professional articles on community health services.

JOINT COMMITTEE FOR THE IMPLEMENTATION OF PUBLIC LAW 89-239



*Boxes formed by dotted lines designate supplemental request approved but not funded.

VI. ORGANIZATION

- A) **Grantee:** The New Jersey Joint Committee for Implementation of PL 89-239. Corporation formed by five organizations: The New Jersey Heart Association, New Jersey Division of American Cancer Society, The Medical Society of New Jersey, the New Jersey Association of Osteopathic Physicians and Surgeons and the New Jersey Hospital Association Fiscal Agent is the New Jersey Foundation for the Advancement of Medical Education and Research, a corporation of the New Jersey College of Medicine and Dentistry.
- B) **Regional Advisory Group**
- 1) Twenty-five member group.
 - 2) Chairman of RAG is Richard J. Cross, M.D., Professor of Medicine and Associate Dean, New Brunswick, New Jersey.
 - 3) Membership composed of:
 - a) Permanent Members: are one representative from each of the five incorporating organizations: New Jersey Heart Association, New Jersey Division, American Cancer Society, The Medical Society of New Jersey, New Jersey Association of Osteopathic Physicians and Surgeons, New Jersey Hospital Association, and one representative from each of New Jersey College of Medicine and Dentistry, Rutgers Medical School, the Academy of Medicine of New Jersey, New Jersey State Health Department Hunterdon Medical Center School of Health, New Jersey State Department of Institutions and Agencies, New Jersey State Department of Community Affairs, New Jersey State Nurses Association.

Each above organization designates a representative annually.

 - b) General Members: 12 members elected for two year term by majority vote of permanent members.
 - 4) By-Laws call for minimum of four meetings per year. Actual experience has been monthly or more frequent meetings.
 - 5) Functions: Develop and establish policy, review and act on grant proposals (final authority).
- C) **Executive Committee**

New By-Laws provide for an executive committee composed of the officers of the RAG plus three members appointed by the Chairman. Has authority to act for RAG between meetings (subject to RAG ratification of action at next meeting) Executive Committee does not have authority to approve grant proposals or to amend or repeal By-Laws of the corporation.

Thus far, meetings of this committee have been intermittent and have primarily concerned with such items as budget details for Core staff, salaries, and revisions of operational grant projects.

D) Categorical and Other Committees

Ad hoc Task Forces on Heart Diseases, Cancer, Stroke and Education were organized in 1967. These task forces met frequently, identified needs and resources, assisted with studies and the development of project proposals. These committees have been transformed into permanent Councils and sub-committees. Currently, there are Councils for: Heart and Related Diseases, Cancer, Cerebrovascular Diseases and Stroke, Continuing Education for Allied Health Personnel, Physician Continuing Education. An Urban Health Task Force and an Ad hoc Committee on Information and Library Services are also active.

- 1) Each Council or Task Force must have a RAG member included.
- 2) Appointed by RAG Chairman and responsible to RAG.
- 3) Meet - as needed.
- 4) Currently there are 117 people serving on the Councils, Committees, and Task Forces, 89 are physicians (MDs and DOs).
- 5) Function: Identify needs, assess resources, recommend project proposals, objectives and priorities in respective categorical areas to RAG. Assist with development of project proposals and provide technical review of applications, submitting recommendations to RAG. Suggest demonstrations and feasibility studies.

Project Development

Projects are usually initiated as a joint effort by individuals and organizations sensing a need, RMP Core Staff and appropriate Council or sub-committee.

Project proposals are always reviewed by Core staff, sub-committees, Councils or task forces. The recommendation of these groups to RAG are advisory. Final authority for approval rests with the RAG.

VII. FUNDED OPERATIONAL PROJECTS

#1 -- NURSES TRAINING IN CORONARY CARE - HACKENSACK HOSPITAL

Objectives: This project will provide three week training in coronary care for a total of 80 nurses, 20 per course. Individualized clinical practice is planned for each nurse at the Hackensack Hospital and two other hospital coronary care units. A series of joint, weekly cardiology conferences will also be arranged for members of the participating medical and nursing staffs. A feasibility study will be conducted on the use of a programmed centralized computer for recognition of arrhythmia and data retrieval from all hospitals.

#2 -- NURSES TRAINING IN CORONARY CARE - RUTGERS-COOPER HOSPITAL

Objectives: This project would extend coronary care training for nurses under Rutgers University supervision to the southern part of the state. Six four-week training courses will be held for 48 nurses, eight per session at Cooper Hospital in Camden, New Jersey.

#3 -- CORONARY CARE TRAINING FOR NURSES - NEWARK BETH ISRAEL HOSPITAL

Objectives: This project will provide three-week training for 120 nurses from Essex County hospitals at the coronary care training center at Newark Beth Israel Hospital. Upon return to her hospital, each nurse-trainee will be visited by a traveling team of Physicians and nurses, to assist her in adapting new knowledge to her own situation. Six months later, a one-day refresher course will be held for each class of 20 graduates.

#4 -- STATE-WIDE PROGRAM IN EXTERNAL CARDIOPULMONARY RESUSCITATION

Objectives: This project is to provide standardized and uniform training in ECPR technique for physicians, dentists, nurses and other allied health personnel, lifeguards, physical education teachers, police and fire personnel and high risk industry personnel. It is planned to base ECPR training in community hospitals, to develop five training centers for ECPR instructors, to identify and/or train 300 teaching teams of four trained personnel, and to train 12,000 persons each year in ECPR technique.

#5 -- TRAINING PROGRAM IN SELECTIVE CORONARY CINEANGIOGRAPHY

Objectives: This project will provide training for four cardiologists and/or cardiovascular surgeons in the performance of coronary cineangiography and in the interpretation of cineangiograms and biplane views of the coronary arteries. Two courses will be conducted for two physicians at a time. Trainees will be given full hospital privileges and will spend one full day or two half-days in training each week over a six month period. In addition, a traveling consultant team will be provided to help any New Jersey Hospital with problems in this field.

#6 -- EVALUATION OF THE STATUS OF IMPLANTED PACEMAKERS

Objectives: The purpose of this project is to develop improved methods for the evaluation of implanted pacemakers. Facilities of the pacemaker clinic at the Newark Beth Israel Hospital Institute will be extended to an estimated 1,000 patients with implanted pacemakers in New Jersey. Each patient referred by his physician will be examined every two months for possible pacemaker failure. The record keeping system utilizing the digital computer of Newark Beth Israel will be expanded to handle the increased patient load.

#7 -- ESTABLISHMENT OF TUMOR CONFERENCE BOARDS IN NEW JERSEY HOSPITALS

Objectives: This project is to encourage and assist in the establishment of tumor conference boards in community hospitals throughout N.J. with the purpose of improving the quality of diagnosis and treatment of cancer and the continuing education and training of the medical profession. Traveling tumor conference teams will be organized from cancer programs approved by the American College of Surgeons, to provide the consultation. In addition to consultation teams, the project will provide audio-visual equipment for participating hospitals (on shared funding), a stipend for physicians attending two-week training courses at Memorial Sloan-Kettering Cancer Center and an annual one-day symposium.

#8 -- MEDICAL TAPES BY TELEPHONE AND MEDICAL FILM LIBRARY

Objectives: This project aims to provide up-to-date information on diagnosis and treatment of heart disease, cancer and stroke to busy physicians by establishing a library of 4-6 minute pre-recorded tapes which can be transmitted by telephone and producing and distributing short films. Initially the tape library will be housed at a physicians telephone answering service and later moved to the record room at Newark City Hospital. Tapes are produced locally using N.J. physicians. Evaluation is planned and findings will be used in continuing

education planning. Short films will be developed and distributed along with necessary equipment to community hospitals for a four-month period. Hospital Directors of Medical Education will be involved in stimulating use of these films, and paid through RMP for their services.

#9 -- HEMODIALYSIS TRAINING PROGRAM

Objectives: This project will train physicians, nurses and technicians in the skills and procedures of hemodialysis. The facilities at Newark Beth Israel Hospital Institute will be utilized as the training base. Three-week training will be provided for nine physicians, three per course, who will direct hemodialysis programs in their own hospitals. Twenty-four nurses will receive training in nursing procedures in a four-week course, four students per course. Twenty-four technicians will be trained in four-week courses, four students per course. Three-day orientation will be provided for physicians attending hemodialysis patients, and five-day orientation will be provided to ten visiting nurses on home-care dialysis. Finally, consultation will be available to trainees concerning establishment of their hemodialyses units in their respective hospitals. An advisory committee will evaluate effectiveness of the training and need for additional training centers.