



E00071B

PROFILE: OKLAHOMA REGIONAL MEDICAL PROGRAM

Grantee : University of Oklahoma Medical Center

Director : Dale Groom, M.D.

Originally Prepared By: Frank G. Zizlavsky

Original Date : September 1, 1969

Updated : _____

TABLE OF CONTENTS

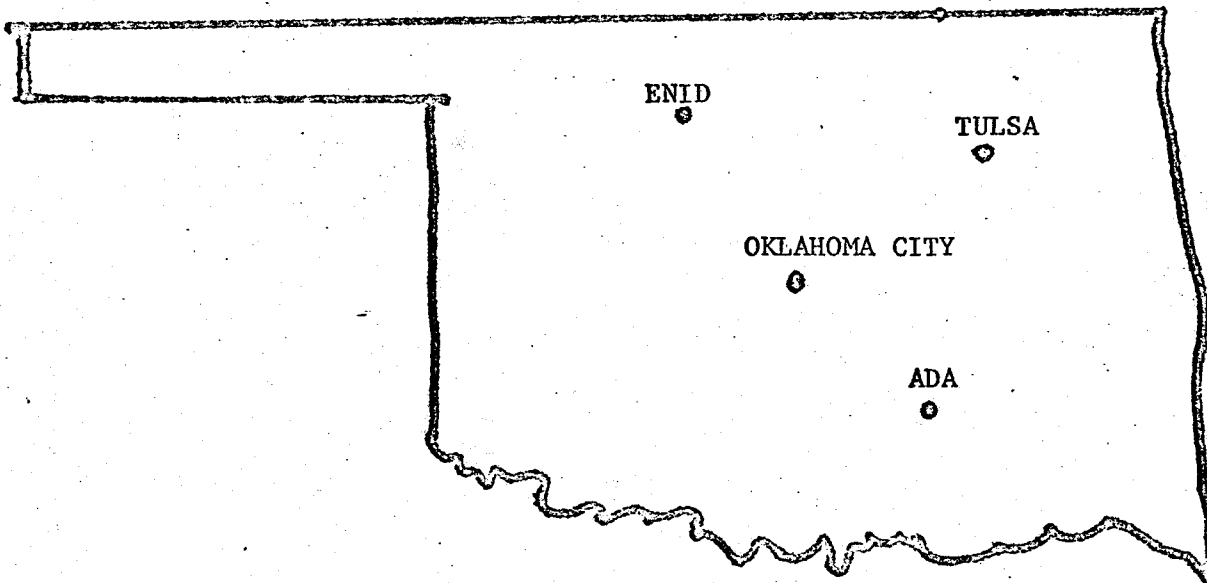
- I. Geography
- II. Demography
- III. Politics
- IV. Historical Review
- V. Core Staff
- VI. Overall Organization
- VII. Funded Operational Projects

APPENDIX

I. GEOGRAPHY

Geographic Definition of the Region:

From the beginning this Region has been defined as the State of Oklahoma. The original judgement was that the State constituted a logical regional unit. Neither Oklahoma nor its neighboring Regions have rigidly interpreted inter-regional boundary lines. For example, ORMP will encourage communities in the far eastern portions of Oklahoma to participate in any activities sponsored by the Arkansas Regional Medical Program at Ft. Smith, Arkansas. On the other hand, the cardiologists in Ft. Smith are already cooperating with the Oklahoma RMP coronary care project, with approval of the Arkansas RMP.



II. DEMOGRAPHY

1) Population - 2.52 million (as of July 1, 1968)

- a. 63% Urban
- b. 90% White, 7% Negro, 3% Other
- c. Median Age - 30 years (U.S. average 29.4) 1960

2) Land Area - 68,887 square miles

3) Health Statistics

Death Rates by Selected Causes/100,000 - 1967, Unpublished

- a. Heart Disease - 368.8 (slightly higher)
- b. Malignant Neoplasms - 157.6 (slightly higher)
- c. Vascular lesions - 127.4 (high)
- d. General Arteriosclerosis - 19.9 (higher)
- e. Diabetes - 21.4 (very high)

4) Facilities

- a. University of Oklahoma School of Medicine - enrollment 396
- b. Schools of Nursing - 11 (3 college or University affiliated)
- c. Schools of Medical Technology 13
- d. Cytotechnology, University of Oklahoma (1)
- e. There are 138 hospitals with 19,202 beds

5) Personnel Statistics

- a. As of 1967, there were 2,904 physicians (2,483 M.D.s and 421 D.O.s) for a rate of 119/100,000.
- b. As of 1966, there were 6,582 total nurses of which 4,435 are employed.

III. POLITICS

Governor:

Dewey F. Bartlett (R) 1968-Present

Senators:

Fred R. Harris (D), 1966-1973
Government Operations

Henry L. Bellmon (R), 1968-1975
Interior and Insular Affairs

Representatives:

Ed Edmondson (D)
Interior and Insular Affairs

John N. Happy Camp (R)
Interior and Insular Affairs

John Jarman (D)
Interstate and Foreign Commerce

Tom Steed (D)
Appropriations

IV. HISTORICAL REVIEW

November, 1965:

Dr. James L. Dennis, Director and Dean of the University of Oklahoma Medical Center appointed a committee for Regional Medical Program, charging it with the responsibility of establishing a RMP.

February, 1966:

The Honorable Henry Bellmon, Governor of the State of Oklahoma, designated the University of Oklahoma Medical Center as the Planning Agency for the State and charged it with the responsibility of carrying out the feasibility studies and planning activities for the establishment of a RMP.

March, 1966: .

Governor Bellmon appointed a Regional Advisory Council.

May 19, 1966:

Division of RMP received the first year planning application from the Oklahoma Regional Medical Program.

Council's points of concern:

1. Question as to whether minority groups were included in the Advisory Group. (See February, 1967 #4)
2. Relationship of the Advisory Group to the direction of the project was not clear. (See July, 1967 #1)
3. Administrative relations were vague.
4. How this project would relate to other Public Health Service supported activities in Oklahoma needs delineation.
5. Relationship between budget and program activities was not clear.
6. Concerned about the direction of the project since neither the Director nor Associate Director was named. (See February, 1967 #1 and March, 1967 and October, 1968)
7. Role of the different staff members needs amplification.

September, 1966:

01 Planning Award - \$177,963 (9/1/66 through 8/31/67)

February, 1967:

Negotiating Site Visit:

Site Visit Team:

Dr. John Hamilton
Mr. Ira Alpert
Mr. Lawrence Coffin

1. ORMP is negotiating with individual for position of Director of Oklahoma RMP.
2. RAG is not active, and presently no rules or bylaws established. (See July, 1967 #1, and February, 1969)
3. Little actual planning has taken place.
4. Negro dentist appointed to RAG.

March, 1967:

Kelly M. West, M.D. appointed as Acting Director. Oklahoma RMP, together with the Missouri and Kansas Regions, co-sponsored an inter-regional Health Manpower Conference, hosted by the Kansas Region.

July, 1967:

ORMP requested \$302,834 for second year planning. Phase I is almost completed and Phase II will begin shortly.

First year Progress Report:

1. Two permanent advisory groups were established: ORMP Advisory Council and the University of Oklahoma Medical Center Committee.
2. Oklahoma State Medical Association appointed a special liaison committee on ORMP.
3. Progress achieved developing liaison with various boards and committees, i.e. Health Intelligence Facility Board, Board of Oklahoma Health Sciences Foundation, Oklahoma Medical Research Foundation, etc.
4. Preliminary study of health library resources was undertaken.
5. Ad Hoc Committee on Heart and Cancer appointed.
6. Regional planning activity launched in diabetes and nutrition.
7. Ad Hoc Cancer Planning Group submitted preliminary report.

August, 1967:

Suggestions made from staff visit by Philip A. Klieger, M.D.:

1. Actively involve RAG as program activities accelerate.
2. Submit a supplemental planning grant.

02 Continuation Planning Award - \$156,801. This represents new funding of \$27,056 and an estimated carry-over of \$129,745 from first year of ORMP planning grant.

Second year supplemental planning grant requested in the amount of \$125,299. The increase in staff to be supported by the supplemental grant would make it possible to involve more extensively the community hospitals of the Region in the planning process.

November, 1967:

Review Committee recommended funding for time and amount requested. Council approved second year supplemental planning grant.

December, 1967:

02 supplemental planning grant awarded \$125,299 for a nine month period. This will help their defined needs which were not anticipated originally.

May, 1968

01 Operational Grant submitted. This application requests continuation of core staff and includes a proposal entitled "A Regional Emphysema Program for Oklahoma."

July, 1968:

Third year continuing planning grant submitted.

August, 1968:

Council deferred action until November on application for new operational grants and supplemental grants adding new operational projects to existing operational programs.

August, 1968:

03 Continuation planning project awarded

\$323,993 (Direct costs)

43,707 (Indirect costs)

\$367,700

October, 1968:

Dr. Dale Groom became Director of Oklahoma RMP/

Review Committee recommended deferral for site visit on new operational grant.

November, 1968:

Site Visit Committee:

Henry Lemon, M.D., Chairman

Elliott Rapaport, M.D.

Ralph W. Ingersoll, Ph.D.

Anthony Komaroff, M.D.

Mrs. Patricia McDonald

Comments:

This application should be reviewed in a way that strengthens the community outreach from the medical center and the innovative involvement of communities away from the medical center.

February, 1969:

Election of ten new members to Oklahoma's Regional Advisory Group.

February, 1969:

Council approved new operational award which consisted of the following ten projects: Core (for 10 months only), coronary care, emphysema, continuing education, cancer control, library, smoking and health, mammography, nutrition and diabetes, cancer of the prostate.

March, 1969:

Representatives of ORMP met with DRMP staff for a negotiation meeting. At this meeting, the ORMP was given the option of continuing under two

grant awards until September, 1970 or terminating the planning grant early to have one operational grant in effect as of either April 1 or May 1, 1969. The ORMP selected the one mechanism for funding effective May 1, 1969.

May, 1969:

| |
|---------------------------------|
| 01 Operational Grant awarded |
| \$1,074,145 (Direct costs) |
| <u>181,099 (Indirect costs)</u> |
| \$1,255,244 Total |

This period begins May 1, 1969 through April 30, 1970. The planning grant that had supported the 1970 core program has been terminated.

V. CORE STAFF

| NAME | TITLE | INSTITUTION AFFILIATION | % OF TIME |
|---------------------------|---|---------------------------------------|-----------|
| Dale Groom, M.D. | Director | U. Okla. Med Center | 100% |
| Neal H. Hardin, M.S. | Program Manager | U. Okla Med Center | 100% |
| Robert G. Tompkins, M.D. | Coordinator, Tulsa Planning Program | St. Francis Hospital, Tulsa | 25% |
| Kenneth C. Hager | Coordinator, Health Career Recruitment Programs; Exec. Director, Okla. Council for Health Careers | U. Okla. Med. Center | 100% |
| Larry A. Fowler | Public Health Advisor | Division of Regional Medical Programs | 100% |
| Donna Barlow, R.N., Ph.D. | Coordinator, Nursing Activities | U. Okla. Med. Center | 50% |
| John M. White, Jr., M.S. | Coordinator, Continuing Education Health Related Professions | U. Okla. Med. Center | 100% |
| Roger Wolfe | Coordinator, Communications Media | U. Okla. Med. Center | 100% |
| Norman E. Goodwin | Director, Health Intelligence Facility | U. Okla. Med. Center | 100% |

BIOGRAPHICAL INFORMATION

1) Dale Groom, A.B., M.D., M.S. (In Medicine)

- a. Born Tulsa, Oklahoma - 1912
- b. 1936 - A.B. - Hiram College, Ohio
1943 - M.D. - Medical College of Virginia
1949 - M.S. - In Medicine, University of Minnesota
- c. Internship - Passavant Memorial Hospital, Northwestern University - 1945
- d. Fellow in Medicine, Mayo Foundation, 1945-49
- e. Director of Postgraduate Education, Medical College of South Carolina - 1960
- f. Associate Professor of Medicine - 1965; Assistant Dean at Medical College of South Carolina - 1966
- g. October, 1968 - Became Director of Oklahoma RMP

2) Neal Harris Hardin, Jr.

- a. Born 1917 - Texas
- b. 1954 - B.S., Mathematics; Trinity University
1964 - M.A., Psychology; University of Arkansas
- c. 1964-1967 - Deputy Commandant, United States Air Force - Extension Course Institute
- d. 1967 to Present - Program Manager

3) Robert George Tompkins, M.S. (Med), M.D.

- a. 1943 - B.S. - University of Washington
1947 - B.M. - Northwestern University
1949 - M.D. - Northwestern University
1953 - M.S. - University of Minnesota
- b. 1949-50 Assistant Resident in Medicine - King County Hospital System, Seattle, Washington
- c. Fellow in Medicine - Mayo Clinic - Rochester, Minnesota - 5 years, 2 years in cardiovascular physiology and research
- d. 1960-64 Chairman, Department of Medicine, Saint Francis Hospital, Tulsa, Oklahoma

4) Larry A. Fowler

- a. Born - 1938
- b. 1963 - B.S. - University of Louisville (Presently completing requirements for Master's degree in Public Health at University of Oklahoma)
- c. Division of Regional Medical Programs, Programs Assistance Branch assignee to ORMP

VI. OVERALL ORGANIZATION

The grantee is the Medical Center Research and Development Office of the University of Oklahoma Foundation, Inc. The University of Oklahoma Medical Center continues to serve as the agent for planning and operations.

A. Planning Groups

Oklahoma City:

1. Director and eight full-time staff.
2. Coordinator (1)
3. Secretary-Administrator (1)
4. Program Manager (1)
5. Public Health Advisor (1)
6. Ph.D. - Behavioral Scientist (1)
7. Consultants (3)

Tulsa:

1. One Coordinator (1/3 time)
2. Secretary-Administrator (full-time)
3. Coordinator for Planning Activities in Nutrition and Diabetes (part-time)

Ada:

No Staff

Enid:

No Staff

The chairmen of the planning groups in Ada and Enid report directly to the Director of the Oklahoma RMP.

B. Regional Advisory Group

The Advisory Council serves as the supervisory body and its functions and responsibilities are those set forth in the law creating the RMP and the guidelines by which these programs are administered. The principal Executive Officer for the program is the Director who is responsible to the Advisory Council and to the Vice President for Medical Center Affairs of the University of Oklahoma. The Executive

Committee is composed of eight members: Honorary Chairman is Governor Dewey F. Bartlett and Chairman is Dr. James L. Dennis who is also Vice President and Dean of the University of Oklahoma Medical Center. The position of Chairman-Elect of the ORMP Advisory Group is nominated at the last meeting of the year for the next year's term of one year. In the following year he automatically becomes Chairman of the ORMP Advisory Group. This position is voted on by all ORMP Advisory Group members. The Regional Advisory Group is composed of 37 members who broadly represent the state. One of the major and most useful functions of the Advisory Group has been the very substantial amount of participation of individual members in various aspects of the program. The Advisory Group has also provided policy guidance and has developed policy. The RAG meets four times a year.

Composition of the Advisory Group:

In March, 1966, the Governor of the State of Oklahoma activated a "Regional Advisory Council." In accordance with the provisions of Public Law 89-239, members were broadly representative of both the total health care system of the State and the Citizens served by this system.

To insure that the composition of the Advisory Group retains this broad representation which is so essential to its effectiveness, in January of each year the Advisory Group will undergo a process of appointments and retirements to be accomplished as follows:

Terms of the Advisory Group members will normally be for three years. No member will serve more than four consecutive years. Approximately one-third of the total membership will be retired each year.

Prospective new members will be nominated by the "Steering Committee" (see Section III, B-6) prior to the last scheduled annual meeting of each year. The Advisory Group members will have the opportunity to review the nominees and to make additional nominations from the floor. Selection of new members will be by written ballot. The Advisory Group shall determine the number of members required to carry out its functions most effectively. The size of the Advisory Group will be determined by the vote of new appointments. The Steering Committee will also determine which of the present members are recommended for continuation beyond the normal three-year term.

It is the responsibility of the Director, ORMP, to insure that each new member has been thoroughly briefed on all facets of the ORMP prior to the first meeting after selection to and acceptance of Advisory Group membership.

Organization of the Advisory Group:

The Governor of the State of Oklahoma will be Honorary Chairman of the Advisory Group.

A quorum for conduct of Advisory Group business will consist of a majority of the membership. All members must be notified when business is to be conducted.

Beginning in December, 1968, the Advisory Group will select from its membership a Chairman and a Chairman-Elect. The term of the Chairman will be for one calendar year (beginning January 1, 1969). Each subsequent year, at the last scheduled meeting of the year, the Advisory Group will select a Chairman-Elect who will assume his responsibilities on January 1 of the next calendar year, concurrent with his predecessor's assumption of the Chairmanship. The Advisory Group may delegate to the Steering Committee authority to act for the Advisory Group provided that the nature and limitations of such delegation are defined by the Advisory Group in advance.

The Director of the ORMP, with the concurrence of the Advisory Group, will designate a permanent Secretary. The Secretary will be a member-without-vote of the Advisory Group and a member of the ORMP professional staff.

Working committees will be appointed by the Chairman from the membership of the Advisory Group. The number of such committees will be at the discretion of the Advisory Group. Each committee will be guided in the conduct of its business by a Committee Chairman and a Committee Vice-Chairman. The selection of the committee membership and designation of its officers will be the responsibility of the Chairman of the Advisory Group in consultation with the Chairman-Elect and the Director of the ORMP. Persons who are not Advisory Group members may be appointed to these committees, but each Committee Chairman and a majority of the members of each committee must be Advisory Group members.

An Advisory Group Steering Committee composed of the Advisory Group Chairman, Chairman-Elect, the Committee Chairmen, and the permanent Secretary will be responsible for the general governance of Advisory Group business. The Director of the ORMP will be advisory to, and non-voting member of, the Steering Committee.

Conduct of Advisory Group Business:

The Advisory Group will meet at the call of the Chairman at least three times each calendar year to insure an orderly and continuing review and evaluation of the ORMP planning and operational processes.

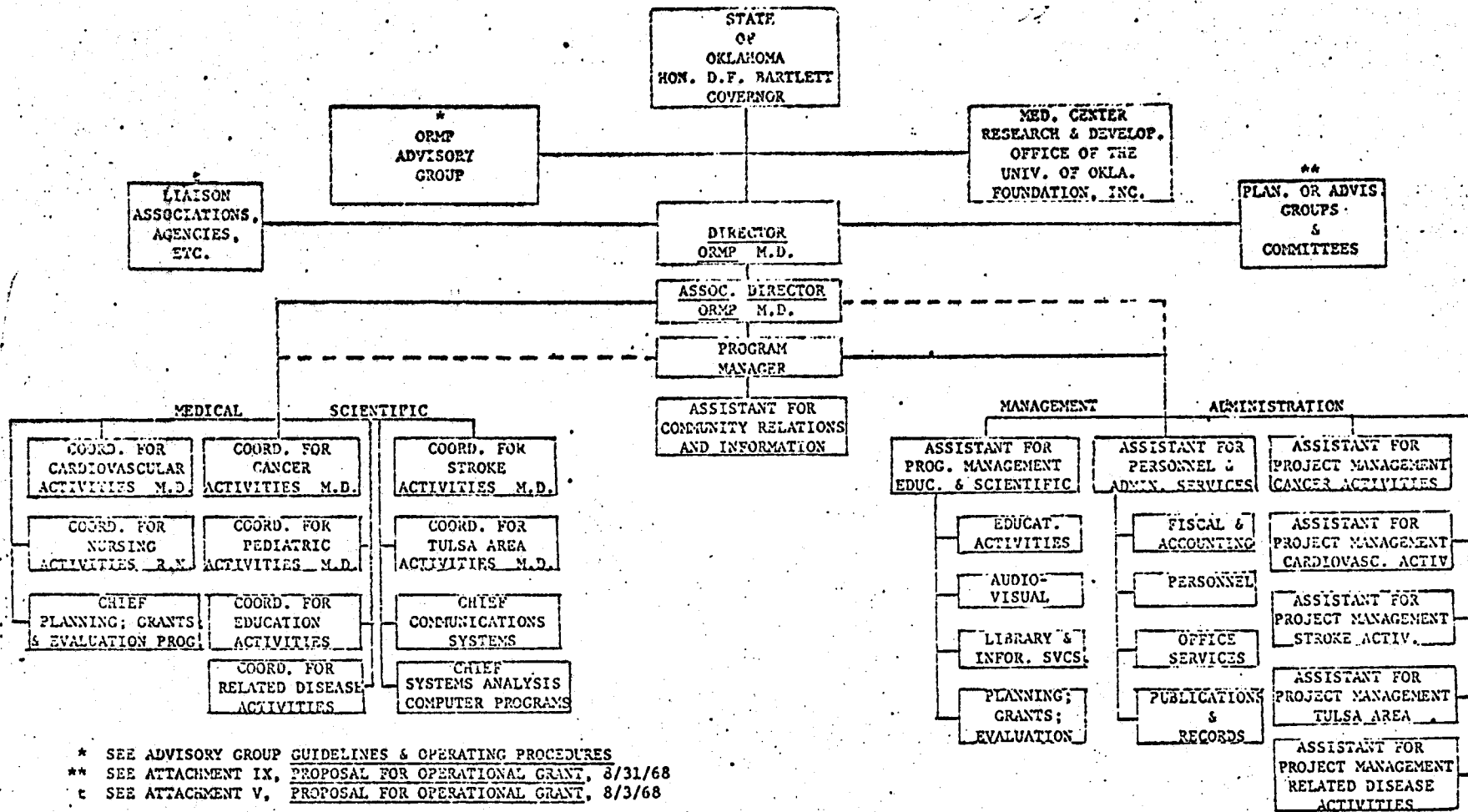
The Director of the ORMP is responsible for establishing an effective system for review and evaluation of the ORMP planning and operational projects which as a whole comprise the Oklahoma Regional Medical Program. The Advisory Group in this review and evaluation process will insure that the total program is structured to achieve the goals and objectives as specified in the Act and as further defined by the Advisory Group.

C. Pattern of Flow

The Oklahoma RMP has further formalized and modified their previous review process.

1. A proposal in detailed form is submitted to the ORMP. These are reviewed and modified by staff.
2. Primary reviewers (two to four RAG members and sometimes, one or two outside consultants) meet with the staff and any appropriate consultant prior to the RAG meeting.
3. Proposals are returned for correction to be developed to a final form.
4. "Final" form proposal submitted to RAG meeting where final review occurs. If approved, the project proposal is submitted for Division of Regional Medical Programs approval. If disapproved, the project is returned to Project Director with notification and comments on disapproval.

ORGANIZATION OF THE OKLAHOMA REGIONAL PROGRAM



VI
Organizational Chart

* SEE ADVISORY GROUP GUIDELINES & OPERATING PROCEDURES
 ** SEE ATTACHMENT IX, PROPOSAL FOR OPERATIONAL GRANT, 8/31/68
 † SEE ATTACHMENT V, PROPOSAL FOR OPERATIONAL GRANT, 8/3/68

VII. FUNDED OPERATIONAL PROJECTS

#1 -- CORE SUPPORT

Objectives: This project will support core staff and central administrative expenses. A higher level of support is requested than is presently funded under the planning grant. The first year request is for funds in addition to the current planning grant, and the request for future years will be total funding since the planning grant will expire after this year.

#2 -- CORONARY CARE PROGRAM FOR OKLAHOMA

Objectives: To develop a network for monitoring acutely ill cardiac patients and for promoting continuing education with respect to the management of these patients. The plan seeks to create acute coronary care beds in hospitals financially unable to develop complete coronary care units. The program calls for the development of "central monitoring units" (CMUs) in larger, usually urban hospitals. The CMUs will serve as coronary care units, but will also monitor electrocardiographic tracings relayed continuously by telephone lines from patients in smaller hospital "remote stations" (RS). Training programs for physicians, nurses, and allied health personnel are included.

#3 -- A REGIONAL EMPHYSEMA PROGRAM FOR OKLAHOMA

Objectives: A teaching and demonstration unit to be established at the University of Oklahoma Medical Center would serve as a regional emphysema unit. It would be available as a consultative and educational resource to community hospitals in the Region. Initially, hospitals in Oklahoma City, Muskogee, Stillwater, Tulsa and Clinton would cooperate in the University of Oklahoma Medical Center Program. The goal of the project, to improve the care of patients with emphysema at the community level, would be achieved by recruiting and training personnel; developing continuing education programs; evaluating equipment and services; establishing more effective collaborative group relationships; improving and expanding screening activities and establishing evaluative mechanisms.

#4 -- CONTINUING EDUCATION PROGRAM FOR THE ENID AREA

Objectives: A prototype "medical education center" would be established. Ten surrounding counties with eight participating hospitals would be included. Continuing education modalities would include video tape, audio tape, library resources, self-instructional materials, films, conference-type telephone communications, and short courses. A small core staff operating primarily out of one hospital would coordinate and evaluate the program. The project seeks to demonstrate the feasibility of a subregional "medical education center," and hopes to stimulate the development of a network of similar subregional centers.

#5 -- A CANCER CONTROL PROGRAM FOR THE TULSA AREA

Objectives: The first part seeks to evaluate the prevalence and character of cancer among roughly 50,000 people in a poverty area of Tulsa. A second part seeks to develop a computerized tumor registry combining data from three major Tulsa hospitals. A third part proposes to integrate the continuing education activities of three major Tulsa hospitals in the field of cancer. A fourth part seeks to increase communications in the field of cancer between physicians in Tulsa and those in a sparsely populated county to the south of Tulsa. The fifth part would survey the quality and quantity of rehabilitation services for cancer in Tulsa and in four representative smaller communities.

#6 -- A REGIONAL PROGRAM TO IMPROVE LIBRARY AND INFORMATION SERVICES

Objectives: Oklahoma Regional Medical Program, primarily through the University of Oklahoma Medical Center Library, seeks to improve library information services by increasing the scope of services, increasing the speed of delivery, and improving the relevance of the information retrieved. Three model programs, involving five hospitals in Oklahoma City, Tulsa, and Enid are proposed. Like those proposed for the regional unit, devices to speed references to various health professionals would be instituted in these hospitals. The program would promote knowledge of the improved library facilities among the medical community.

#7 -- A REGIONAL PROGRAM OF PUBLIC EDUCATION ON SMOKING AND HEALTH
(FUNDED IN CORE)

Objectives: This program would merge the efforts of ORMP and the Interagency Council on Smoking and Health. ORMP would essentially provide a coordinator for this already functioning Council. The Council, in turn, would support the necessary staff, the bulk of the operational costs, and would mobilize volunteer support.

#8 -- A REGIONAL PROGRAM TO PROMOTE EARLY DIAGNOSIS OF BREAST CANCER WITH SPECIAL EMPHASIS ON MAMMOGRAPHY

Objectives: A Regional Mammography Unit would be established at the University Medical Center, under the supervision of a physician trained specially in gynecology and radiology. Oklahoma Regional Medical Program would work with the Oklahoma Division of the American Cancer Society. Mass mammography screening would be initiated in cooperation with the Oklahoma State Health Department. Provision for including Zerography and Thermography in future years is included.

#9 -- A REGIONAL PROGRAM IN NUTRITION AND DIABETES FOR OKLAHOMA

Objectives: This program seeks to improve the care of diabetic patients at the community level, and to improve nutritional services in hospitals and nursing homes throughout Oklahoma. The program would help support an ongoing diabetes demonstration clinic at the University Hospital which would develop the teaching materials and manpower to extend improved care for diabetic patients throughout the Region. The program would organize workshops, seminars, and consultation services to physicians, nurses and dieticians, and would also seek to improve community education. The program would coordinate continuing education and public education with mass screening procedures performed by the State Health Department.

#10 -- REGIONAL UROLOGY PROGRAM WITH INITIAL EMPHASIS ON CANCER OF THE PROSTATE

Objectives: The program would create a consortium of urologists, each of whom would coordinate project activities within his own subregion. Thirteen subregions are identified. Initially, the program would appraise local facilities, resources, manpower and medical practices as they relate to the diagnosis and treatment of cancer of the prostate. The program would analyze hospital records and tumor registries, with follow-up on all new cases, and would identify the local needs for continuing education. This program would interdigitate with other proposed programs, such as the Tulsa poverty area program.

- APPENDIX -