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PROFILE: MISSOURI REGIONAL MEDICAL PROGRAM

Grantee: U. Missouri School  
of Medicine

Current Chief Executive:  
Arthur E. Rikli, M.D.

Profile originally prepared by:  
Anthony L. Komaroff, M.D. *AK*

Original date: August, 1969

Up-dated: \_\_\_\_\_

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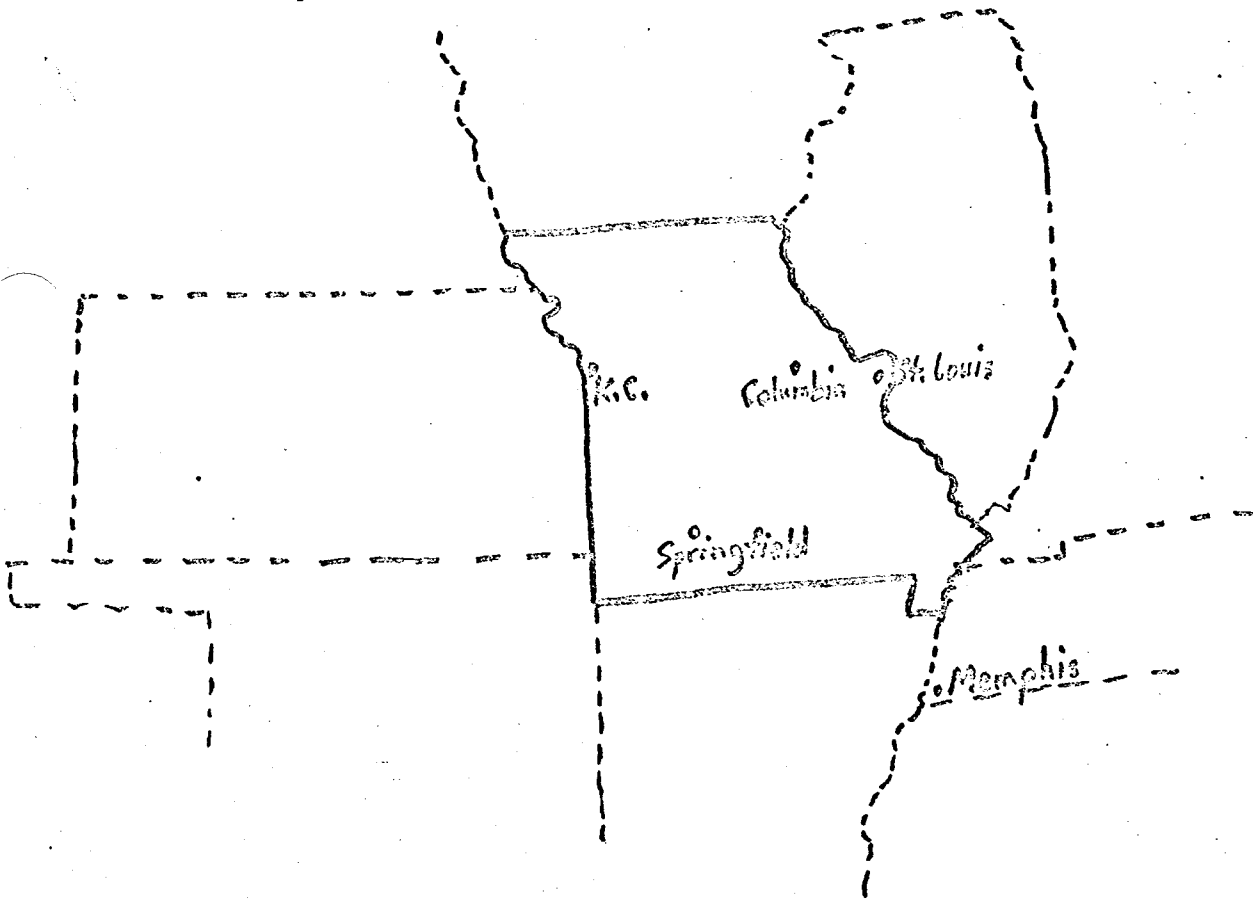
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## II. GEOGRAPHY

The boundaries of the Missouri RMP are coterminous with the state, with the following exceptions:

- 1) The Bi-State Region has assumed responsibility for St. Louis. The area which Bi-State claims some responsibility for, however, includes the eastern half of the State of Missouri--including Columbia, home of Missouri RMP. MRMP and Bi-State are working together to avoid duplication of effort; no clear delineation of boundaries has yet emerged.
- 2) MRMP and the Kansas RMP are jointly planning activities in Kansas City.
- 3) Planning for Southeast Missouri is going on jointly with the Memphis RMP.



### III. DEMOGRAPHY

- 1) Population: Roughly three million, including Kansas City and excluding St. Louis.
  - a) Roughly 50% urban.
  - b) Roughly 95% white.
  - c) Median age: 31.6 yrs. (U.S. average 29.5 yrs.)
- 2) Land area: 69,138 square miles (State)
- 3) Health statistics:
  - a) Mortality rate for heart diseases--441/100,000 (high)
  - b) Rate for cancer--174/100,000 (high)
  - c) Rate for CNS vascular lesions--140/100,000 (high)
- 4) Facilities statistics:
  - a) University of Missouri School of Medicine--4 year school, enrollment of about 320.
  - b) The Washington University and St. Louis University Medical Schools support the Bi-State, not the Missouri, RMP.
  - c) There are 28 schools of nursing in Missouri (including St. Louis), 9 of which are university-affiliated.
  - d) There are 25 schools of medical technology (including St. Louis), 4 of which are university affiliated.
  - e) As of 1964, there were 144 hospitals with 40,568 beds in the State (including St. Louis), the great majority non-federal, short-term facilities.
- 5) Personnel statistics:
  - a) As of 1962, there were 5,370 MDs (122/100,000) and 1,187 DOs in the State. Missouri has a larger and more active group of osteopaths and osteopathic hospitals than most other states.
  - b) As of 1962, there were 12,092 nurses, 9,291 of them active (212/100,000).

IV. POLITICS

1) Governor

Warren Hearn (D), 1968-72

Governor Hearn has been a strong advocate of mental hospitals

2) Senators

a) Stuart Symington, Democrat, 1952-1970

b) Thomas F. Eagleton, Democrat, 1968-74, Member Labor and Public Welfare Committee, and Health Subcommittee

3) Congressmen

a) W. R. Hull (D), Labor - HEW Appropriations Subcommittee

b) William Clay (D), Education and Labor Committee

V. HISTORICAL REVIEW

April, 1966

- Vernon Wilson, M.D., Program Coordinator, submits application for planning grant.

- 1) Region would be the state, including St. Louis and Kansas City.
- 2) Objective: To "improve the quality and availability of care" by "the development of a total complex of services that are coordinated and integrated with existing resources."

Criticism of the application included these comments:

- 1) Planning for and representation on the RAG of the St. Louis area seemed weak.
- 2) The program was vaguely defined.
- 3) Most impressive was the apparent emphasis on community service, although the budget for this effort did not seem sufficient.

June, 1966

- First Year Planning Award of \$332,130 DC

October, 1966

- Submit application for three operational "pilot" projects, totaling \$645,000. Deferred for site visit.

October, 1966

- DRMP staff suggested to the Region that a more comprehensive operational grant application be prepared, with the possibility of the Missouri RMP becoming one of a few "model programs." In response, Missouri RMP rapidly submitted applications for 20 additional projects.

The emphasis of the first (3 project) application was on community programs.

The emphasis of the subsequent applications was on early detection of disease through bioengineering devices, continuing education, and population studies.

November, 1966 -

Site Visit: Drs. Ruhe, Slater, James and Howell. The same team also visited Kansas, another proposed "model region."

The site visit team felt that the applications were generally well-prepared and comprehensive. Also impressive was the Region's stated intention to phase out RMP support of each project after some time in order to begin new activities.

January, February,  
1967 -

Review Committee and Council reviewed the \$4.4 million first year request, and, with the assistance of staff, recommended an award level of \$2.5 million ( $\pm$  10%).

April, 1967 -

First Year Operational Award of \$2.25 million DC from April 1, 1967-68. None of the 23 projects had been disapproved, but the Region elected to fund only 15 projects since its request had been reduced.

The projects which were not supported included a Stroke Diagnostic Center; a library project; a general continuing education program for physicians, health professionals, and the public; a broad population sampling project; a project to assess the use of communications media in continuing education; a project to develop a consultation service to private physicians.

The Region also chose not to support the Automated EKG in Rural Areas, and Cooperative Tumor Registry projects. Supplemental support was subsequently requested and awarded for these two projects, however.

The award supported two planning-type projects-- a Central Administration Project and a Program Evaluation Center which sought to develop "models for community development" and "evaluative tools."

June, 1967 -

Continuation Planning Award of \$256,000 DC for 9 months (to end simultaneously with operational grant). The amount requested was reduced after considering the planning activities already supported through the two projects in the operational grant.

June, 1967 -

Operational Supplemental Award of \$369,000 for 10 months (to end simultaneously with operational grant).

This award supported the Automated EKG in Rural Areas project.

- November, 1967 - Council disapproves an operational supplemental request to initiate a stroke center at the Kansas City General Hospital.
- March, 1968 - Continuation Operational Award (Second Year) of \$2,926,520 DC for one year. This award approximated the Council-approved level and was recommended by staff.
- July, 1968 - The second year operational award was amended to increase support by \$806,000 DC upon the recommendation of Council.
- March, 1968 - Site Visit: Mr. Whaley, Drs. Everist, M. Goldstein, R. Stephenson.  
  
The site visitors looked at several supplemental project requests, and were generally, "impressed by the concept of regionalization." Again, the Region stated its intention to phase out RMP support for each project after some time, encouraging future support from non-RMP sources.
- August, 1968 - Supplemental Operational Award of \$948,905 DC for 10 months, includes support for 7 out of 10 projects submitted.
- October, 1968 - Dr. Arthur Rikli replaces Dr. Vernon Wilson as Coordinator.
- February, 1969 - The Region was informed that three additional projects had been approved by Council, but that no additional funds could be awarded at that time for their support. The three projects (#36, 37, 38) involved activities away from the Medical Center. The Region subsequently reallocated funds from its other activities to support these three projects.
- February, 1969 - Council acted on MRMP's renewal application for support of 16 of 17 original projects, including all the bioengineering computer-related projects.



These projects had originally been conceived of as three-year projects and approved by Council as such. Because of NIH policy at that time, however, they had been funded for only two years. Thus, a competing renewal application had to be submitted.

The Region requested an additional five years support for most of its activities. The application explained that this additional five years support was not for the projects themselves. Rather, the application requested support for a "clinical core" staff in most of the projects, including all of the bioengineering computer-related projects. This "clinical core" staff constituted an important "central resource" which required continuing RMP support over the years to extend to the communities the developments produced by the individual projects from which the "clinical core" staff came. Of the \$880,000 requested for "clinical core," about \$800,000 were for staff in the bioengineering computer projects; thus, a consideration of the concept of "clinical core" was inevitably bound to an assessment of the bioengineering projects.

Council and other reviewers found it difficult to assess progress made in the Region during the previous two years. They responded to the concept of "clinical core" with mixed feelings; it was hard to assess the concept without having a better understanding of the people and activities involved in "clinical core."

Council recommended support for these activities at about their current level of support, not the larger requested level, for one year only. Council requested that a "blue-ribbon" site visit be made during the next operational year to assess all elements of the Missouri program.

- May, 1969 - Council disapproves three supplemental projects. These projects involved communities peripheral to the medical center, but did not appear connected to the overall program.
- June, 1969 - Third year operational award of \$4,568,307 DC for one year until April 1, 1970. About \$1 million of this amount was unexpended money from the previous year, so that about \$3.5 million direct costs of new money was awarded.
- This award included 1) the group of competing renewal projects described above, 2) a group of five non-competing continuation projects and 3) support for the three projects which had been approved but not awarded new money.
- The restriction on the \$240,483 for alterations and renovations continued.
- The total amount awarded was slightly reduced from Council's recommended level due to federal fiscal constraints.
- June, 1969 - Representatives from the Region visit the Division. Discussion centers around Region's desire to shift from an April 1 to a July 1 starting date for the grant period, and the schedule of the site visit and related events. It was decided that the Region submit a three-month request for extension from April 1 to July 1, 1970. This request was received in July, 1969.
- The Region was also asked to submit a preliminary application for future years support (beyond July, 1970); this application would be considered during an October site visit. The final application, which the Region might alter after its experience with the site visit, would be submitted by December, 1969.
- June, 1969 - Supplemental Operational Award of \$180,724 DC for a continuing education project which had been supported for one year and requested two year's renewal funding.
- August, 1969 - Council approves a supplemental project to establish a pediatric diabetes detection and treatment center at the Medical Center, and disapproves two projects which would have established CCUs at community hospitals (the projects appeared isolated from any overall Regional plan).

## VI. CORE STAFF

- 1) Core staff is located at the University of Missouri in Columbia. A branch office in Springfield (outhwest Missouri), led part-time by a local physician, plans activities in that area.
- 2) Core activities -- central administrative, planning and evaluation activities -- are supported as several different operational projects. Those projects which seem to represent central administrative, planning, and evaluation activities are:

Project #18 -- Central Administration, includes support for the Office of the Coordinator and the Office for Operations;

Project #30 -- Planning Core, includes support for planning and evaluation staff in Columbia (Program Evaluation Center); and planning for the Kansas City area (through personnel at the Kansas City General Hospital and Medical Center Corporation);

Project #13 (which has studied the "health habits and conditions" of Missourians), Project #14 (an automated hospital patient survey), and Project #16 (Program Evaluation Center to study "needs and attitudes about health care" in two "model" communities) -- these three projects are essentially part of the Core planning and evaluation activities.

Support for these 5 Core projects in the 03 year is budgeted for \$1,405,927, or 38% of the total program.

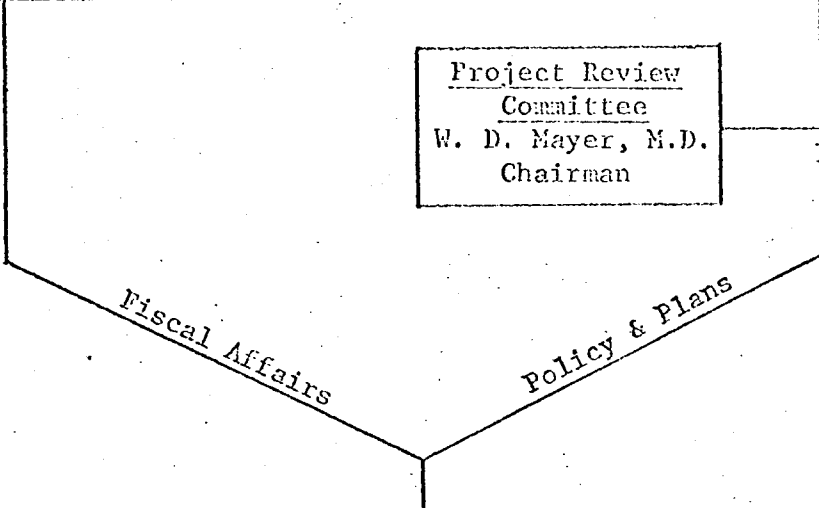
- 3) The great majority of the Core staff are also affilitated with the Medical Center. At last estimate, Core staff consisted of 55 people, at about 40 full-time equivalentents.
- 4) The next page diagrams the key members of Missouri's Core staff, and their percent time with RMP:

University of Missouri  
Vice-President  
for  
Academic Affairs  
Vernon E. Wilson, M.D.

Advisory Council  
Nathan Stark  
Chairman

Project Review  
Committee  
W. D. Mayer, M.D.  
Chairman

Liaison Committee  
R. Sumnicht, D.D.  
Chairman



| Office of the Coordinator      |                          |
|--------------------------------|--------------------------|
| Coordinator                    | A. E. Rikli, M.D. (100%) |
| Associate Coordinator          | W. C. Allen, M.D. (50%)  |
| Ass't. Director-Information    | N. DuBeau, M.A. (100%)   |
| Ass't. Director-Fiscal Affairs | B. H. Welch, M.A. (100%) |
| Ass't. Director-Administration | F. D. Roberts (100%)     |

| Office for Operations |                             |
|-----------------------|-----------------------------|
| Director              | W. P. Sights, M.D. (80%)    |
| Ass't. Director       | W. J. Coffman, M.S. (100%)  |
| Ass't. Director       | F. E. Frazier, M.Ed. (100%) |

| Office for Planning    |                             |
|------------------------|-----------------------------|
| Director               | (100%) G. E. Wakerlin, M.D. |
| Assoc. Director        | (100%) R. S. Cartwright, M. |
| Assoc. Director        | (50%) Y. T. Lee, M.D.       |
| Kansas City Planning   | R. Noback, M.D.             |
| Local Area Consultants |                             |
| Evaluation             |                             |

OPERATIONAL PROJECTS

Project Categories

1. Projects aiding patient access to the Health Delivery System
2. Projects providing improved access to Health Information for persons providing services
3. Community-oriented projects
4. Program review and assessment

BIOGRAPHICAL INFORMATION:

- 1) Arthur ("Buck") Rikli, M.D.
  - a) Born Illinois, 1917
  - b) B.S. and M.D., U. of Illinois, 1944
  - c) MPH, Hopkins, 1948
  - d) With PHS from 1948 until 1968, including four years as Chief, Heart Control Program
  - e) Professor of Community Health, U. of Missouri, and Coordinator, RMP, 1968.
  
- 2) W. C. Allen, M.D.
  - a) M.D., U. of Nebraska, 1951
  - b) MPH, Hopkins, 1960
  - c) Private practice, Glasgow, Missouri, 1952-59
  - d) Missouri Division of Health, 1959-1965
  - e) Asst. Professor, Dept. Community Health and Medical Practice, 1965 to present
  - f) Asst. Medical Director, U. of Missouri Medical Center, 1965 to present
  
- 3) G. E. Wakerlin, M.D.
  - a) Born Chicago, 1901
  - b) B.S., M.D., and Ph.D., U. of Chicago
  - c) House Officer in Surgery and Medicine, Johns Hopkins (1920-23)
  - d) Faculty, U. of Chicago, 1925-31
  - e) Professor Physiology and Pharmacology, U. of Louisville, 1931-37
  - f) Professor and Head, Dept. of Physiology, U. of Illinois, 1937-58
  - g) Medical Director, American Heart Association, 1958-66
  - h) Director for Planning and Evaluation, MRMP, 1966 to present
  
- 4) Warren Sights, M.D.
  - a) Born Chicago, 1925
  - b) B.S. and M.D., U. of Chicago, 1952
  - c) Neurosurgical Residency, Montreal, 1954-58
  - d) Faculty, U. of Missouri, 1959 to present, currently Associate Professor of Surgery.

## VII. ORGANIZATION

### Regional Advisory Council

- 1) Chosen by Governor, on recommendation of the Project Review Committee
- 2) Serve 3 year term
- 3) Currently has 12 members from throughout the state, including 4 private MDs, 1 DO, 1 hospital administrator, 1 state senator, 1 sociologist (Negro), and one business executive.
- 4) The Chairman is Mr. Nathan Stark, a top executive of Hallmark Cards in Kansas City.
- 5) Meetings are quarterly, with special sessions as indicated
- 6) Functions: Final authority on approving project applications, assists in determining program priorities.

### Project Review Committee

- 1) Currently has 8 representatives of specified groups:
  - a) Deans of the 3 medical schools--including the two in St. Louis which support the Bi-State RMP.
  - b) Deans of the 2 Osteopathic Schools
  - c) Director, Personal Health Services Section, Missouri Division of Health
  - d) Director, Missouri Division of Welfare
  - e) Director, Missouri Division of Mental Diseases
- 2) Elected Chairman of the Committee is Dr. William Mayer, Dean of the University of Missouri Medical School. Before him, Dr. Vernon Wilson was Chairman.
- 3) The Committee meets quarterly
- 4) The Committee is primarily responsible for technical project review, but also makes overall policy recommendations to the RAC.
- 5) The Committee recommends names to the Governor for appointment to the RAC.

### Liaison Committee

- 1) Contains representatives from 23 organizations, including one member each from the Heart and Cancer associations, nurse agencies, osteopaths, dentists, hospital association, medical association, public health association, pharmaceutical association, and the farm bureau and other significant lay associations.

- 2) Organizations are chosen for representation on this body by the RAC.
- 3) Terms of office vary.
- 4) Chairman is Dr. Russell Sumnicht, a dentist.
- 5) The group meets quarterly.
- 6) The function of this group is to review projects in terms of their relationship to the overall RMP mission, and in terms of their relationship to other on-going activities in the state carried out by the various agencies represented in the group.

#### Area Liaison Committees and Subregional Field Directors

- 1) Six subregions (areas) have been identified. Three such subregions have field directors (planners) and Area Liaison Committees which serve to answer boundary or jurisdictional questions. The field directors work on a daily basis; the Committees meet quarterly.
  - a) The Greater Kansas City Liaison Committee includes representatives from the Kansas and Missouri RMPs.

Dr. R. Novack is part of the Core staff in Kansas City, working to implement planning and project initiation.
  - b) The Southwest Missouri Liaison Committee reviews proposals from 28 counties in this portion of the state; activities are coordinated through a branch office in Springfield by Dr. Stanley Peterson. There is liaison with the Arkansas RMP.
  - c) The Southeast Missouri Liaison Committee includes representatives from Memphis RMP as well as Missouri RMP. Projects from this area may be funded by either RMP. Mr. Lee Cochran coordinates planning activities.

#### Overall Organization

Projects are usually initiated as a joint effort by non-RMP individuals who sense a need, and the RMP planning staff who help develop and write the proposal.

The proposal is always seen by the Project Review Committee and the Liaison Committee, whose responsibilities are described above. A project may also be considered by an Area Liaison Committee if a geographical question is involved.

The recommendations of these groups to the RAC are purely advisory; none of these groups has veto power over a proposal.

## IX. FUNDED OPERATIONAL PROJECTS

Note: This narrative deals only with project objectives; progress is not described. Funding levels, and the length of time the project has been operational, are diagrammed in Tables 1 and 2.

### #1 --- SMITHVILLE COMMUNITY HEALTH SERVICE PROGRAM

**Objectives:** To establish a model community health service program. Programs include: continuing education training programs and lay health education; emergency, intensive, and restorative care facilities; home care and homemaker program; public health, preventive medicine, and school health programs; voluntary health agency coordination; custodial facilities; vocational rehabilitation; family counseling; and cancer detection.

This project anticipates phasing out RMP support after the current year.

### #2 --- COMMUNICATION RESEARCH UNIT

**Objectives:** To provide the MRMP public information office with research support; to identify public attitudes, opinions, misconceptions, etc., about heart disease, cancer, and stroke, and, in turn, to learn motivations for seeking health care; to determine effective methods for communicating with the public and leading them to seek medical care.

### #4 --- MULTIPHASIC TESTING OF AN AMBULANT POPULATION

**Objectives:** To establish centers to perform a series of diagnostic blood chemistry laboratory tests, not really complete multiphasic testing, which will identify the most useful tests for early diagnosis of heart disease, cancer, or stroke. Model centers will be established at the University Medical Center and the State Mental Hospital. A third is planned for the Smithville complex.

### #5 --- MASS SCREENING - RADIOLOGY

**Objectives:** To develop standardized radiology reporting and improved radiologic diagnosis through the use of computers (Project RADIATE); to determine the applicability of ultra-sound and thermography as screening techniques for neoplastic and vascular diseases. Three hospitals will be connected by appropriate electronic communication systems to the Department of Radiology and Medical Center computer at the University.



#6 -- AUTOMATED PATIENT HISTORY

Objectives: To investigate the feasibility of an automated computerized system that will provide the physician with (1) a case history and (2) a preliminary analysis of complaints prior to the examination. The system uses audio messages, visual images and typewriter printout. Initially, the history-taking has only concentrated on conditions of the head and neck.

#7 -- DATA EVALUATION, COMPUTER SIMULATION AND SYSTEMS DESIGN

Objectives: To determine: (1) what data from the general public and physicians are needed to allow early detection of heart disease, cancer, and stroke; (2) what mechanisms are needed to produce these data; and (3) how to extract the necessary information from data and present it in the form of a decision or as a basis for a decision. To evaluate and design the most effective systems. The departments of electronic engineering, statistics, and mathematics have cooperated with the medical staff in this project.

#8 -- COMPUTER FACT BANK

Objectives: To develop an electronic data information storage and retrieval system, which will make information about the categorical diseases readily available to students and private physicians, in MRMP and (eventually) other Regions. The system is being developed at the Medical Center; plans call for extending remote terminals to other communities.

#12 -- OPERATIONS RESEARCH AND SYSTEMS DESIGN

Objectives: To develop operations research (applied mathematical) models of a health system embodying the extended care and early detection objectives of MRMP.

#13 -- POPULATION STUDY GROUP SURVEY

Objectives: To study the factors contributing to the decision of small town and rural families to utilize health services. The principal relationship to be studied is the influence of the availability of care on the decision to use it. A modification of the National Health Survey Questionnaire has been used.

#14 -- AUTOMATED HOSPITAL PATIENT SURVEY

Objectives: To use the patient discharge data being collected by the Missouri Hospital Association and tabulated on McBee cards for planning and evaluation of various Regional Medical Program activities.

#16 -- PROGRAM EVALUATION CENTER

Objectives: To identify two communities which potentially could be organized at the "grass roots" level to implement community health service programs; to accumulate data about health care, needs, attitudes, etc. in the communities; to initiate the long term process of developing instruments for measuring quality of care and levels of health (in terms of an individual's function in his community). The Center, which is a multidisciplinary research unit, will direct this project.

#17 -- BIOENGINEERING

Objectives: To provide technical assistance in the evaluation and development of sensor-transducers for early detection of heart disease, cancer, and stroke; special emphasis has been placed on the use of sensor-transducers in arterial systems, computer-based approaches to prenatal detection of cardiac malformation, and computer analysis of EEG's.

#18 -- CENTRAL ADMINISTRATION

Objectives: To provide for a staff to assist the Advisory Council and its Subcommittees in overseeing, coordinating, reviewing, and evaluating the program and project proposals.

#19 -- AUTOMATED ELECTROCARDIOGRAPHY IN A RURAL AREA

Objectives: To provide hospitals and physicians with an automated system of analyzing electrocardiograms; to demonstrate the feasibility of providing physicians with electrocardiographic analysis where this service is limited or nonexistent; to demonstrate the feasibility of these systems for regional, inter-regional and national use; to develop automated data analysis to screen populations. A cardiac data acquisition cart which records a 12-lead EKG is used.

#22 -- COMPREHENSIVE CARDIOVASCULAR CARE UNITS - SPRINGFIELD, MISSOURI

Objectives: To develop a comprehensive cardiovascular care unit for patients who require close cardiac observation. The unit is designed as a service and educational model for community hospitals distant from medical centers.

#23 -- A COMPUTER ASSEMBLED ON-GOING MANUAL OF MISSOURI MEDICAL AND PARAMEDICAL SERVICES - MISSOURI HEALTH COUNCIL

Objectives: To establish a directory of the names, services, and addresses of medical and paramedical services in the entire State of Missouri as a reference source. This project was funded for one year only.

#25 -- STROKE INTENSIVE CARE UNIT - UNIVERSITY OF MISSOURI MEDICAL SCHOOL AND HOSPITAL

Objectives: To demonstrate and evaluate the effectiveness of intensive care techniques for stroke patients and to train nurses and other medical personnel to use these techniques. Follow-up studies and care will be assured by a team of physicians, physical therapists, social workers, etc.

#26 -- TRAINING UNIT FOR INTENSIVE CARE OF THE CARDIAC PATIENT - UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE TEACHING HOSPITAL

Objectives: To build a demonstration coronary care unit at the University Medical Center (4 acute and 4 convalescent beds) in order to train paramedical personnel in appropriate techniques for intensive care of patients with acute myocardial infarction.

#27 -- PROGRAMMED COMPREHENSIVE CARDIOVASCULAR CARE - KANSAS CITY GENERAL HOSPITAL

Objectives: To build a demonstration coronary care unit at KCGH (6 beds) in order to provide training in both intensive coronary care, and on-going "total care" beyond the acute episode.

#28 -- NORTHEAST MISSOURI COOPERATIVE STROKE PILOT PROJECT - KIRKSVILLE CLINIC OF OSTEOPATHY AND SURGERY

Objectives: To study and demonstrate how physicians, clinics, and hospitals can cooperate to improve stroke detection, care, and rehabilitation in a rural 5-county area. Cooperative arrangements in the subregion are being developed between M.D.'s and D.O.'s, local hospitals, and community leaders.

#29 -- COOPERATIVE TUMOR REGISTRY AND COMPUTATION SERVICE - ELLIS  
FISCHEL CANCER REGISTRY CENTER, COLUMBIA, MISSOURI

Objectives: To improve cancer diagnosis by strengthening and enlarging an automated network of tumor registries in Missouri. Information collected in each established registry would be transmitted to a centrally located computer center.

#30 -- CORE PLANNING ACTIVITIES

Objectives: The MRMP planning staff has responsibility for meetings of the MRMP Advisory Council, Project Review Committee, Liaison Committee and Project Directors; working with groups in the Region on initiation and development of pilot project proposals; preparing MRMP operational grant applications; professional and public relations; facilitating inter-regional arrangements; and preparing and up-dating the MRMP plan. Three separate staff units are involved. Central Administration (mostly, funded as Project #18), Program Evaluation Center for developing evaluation methodology (mostly funded as Project #16), and Kansas City planning at Kansas General Hospital. In addition, a consultant in Springfield is coordinating planning for that area.

#32 -- EFFECTIVENESS OF THE "DETAIL MAN" APPROACH IN DISSEMINATION OF  
INFORMATION TO PHYSICIANS

Objectives: In an attempt to effect a reduction in incidence of rheumatic heart disease, a "detail man" from the Missouri Heart Association will call on 1,311 medical and osteopathic physicians in general practice, pediatrics, internal medicine and cardiology, outside metropolitan St. Louis and Kansas City, to provide information about, and enlist involvement in the primary and secondary prevention programs of the State Division of Health. Follow-up calls will be made six months later to check on use of the service. A third follow-up is also planned. Evaluation will be based on use of either or both primary or secondary prevention service.

#33 -- CONTINUING EDUCATION FOR THE HEALTH PROFESSIONS

Objectives: It is proposed to establish, over a three-year period, a dedicated telephone communication system for education between the medical center and 100 community locations. Telelectures followed by question, answer and discussion periods are now being tested for physicians, nurses, physical therapists, occupational therapists, medical

and radiologic technologists, and others. Records and visual materials of the presentations will be made available to the community hospital as permanent library resources. This proposal is part of a long-range plan to expand patient-centered continuing education for the health professions in the Region.

#34 -- COMMUNITY SERVICES FOR HEART DISEASE, CANCER AND STROKE PATIENTS

Objectives: This project supports the last year of a three-year project to develop a Kansas City area-wide comprehensive plan for the establishment, extension and coordination of community service for heart disease, cancer, stroke and related diseases, and to extend the Information and Referral Service of the Kansas City Regional Health and Welfare Council to persons and families affected by these diseases. Support for the first two years was through a grant from the PHS Division of Chronic Diseases.

#36 -- MISSOURI CERVICAL CYTOLOGY PROJECT

Objectives: This is a project to demonstrate the use of the self-obtained irrigation smear technique in early detection of cervical cancer. Women will be enrolled in the project through an intensive educational campaign utilizing mass media. Evaluation will be based on the number of women reached for the first time, the number of positive and suspicious findings, follow-up results and study of the increased number of "Pap smears."

#37 -- ESTABLISHMENT OF SOUTHEAST MISSOURI RADIOISOTOPE CANCER PROGRAM WITH SATELLITE FACILITIES

Objectives: Establishes a complete Isotope Laboratory at St. Francis Hospital in Cape Girardeau, to bring to Southeast Missouri procedures and specialized equipment not now available to aid in cancer diagnosis and therapy and management of cardiovascular diseases. Training for physicians and technical personnel is included.

#38 -- HOMEMAKER - HOME HEALTH AIDE PROJECT - GREEN COUNTY

Objectives: Extends a new type of home care service for patients with heart disease, cancer, or stroke. A minimum of 24 individuals would be trained each year to perform both "homemaker" functions of cleaning, marketing and child care, and "home health aide" functions relating to personal care of patients. Traditionally, these services have been performed by two individuals but

a pilot project indicates the functions can be combined. The Visiting Nurses Association would administer the project with assistance from the Missouri University Extension Service, Burge Hospital staff in Springfield, the County Medical Society and others. Fees for service will be collected and proceeds applied to administration of the service.

#39 -- A SCHOOL HEART SOUND SCREENING PROGRAM, USING THE PHONOCARDIOSCAN,  
ON A DEMONSTRATION BASIS

Objectives: Under sponsorship of Missouri Heart Association, the program plans to do heart sound screening, using an analog-digital computer on a demonstration basis in seven cities, as well as in a number of smaller outlying communities, to detect possible previously unsuspected heart diseases in children in these communities and to attempt to compare the percentage of undetected heart disease in children in the more metropolitan areas as compared to the rural areas of the State.

Jan. 1  
 July 1  
 Jan. 1  
 April 1  
 July 1  
 Jan. 1  
 April 1  
 1966  
 1967  
 1968  
 1969  
 1970

01 Planning  
 \$398,556

02 Planning  
 \$237,411

01 Operational  
 \$2.5 million

Projects #1, 2, 4,  
 5, 6, 7, 8, 12,  
 13, 14, 16, 17, 18,  
 22, 23

02 Operational  
 \$4.2 million

Supplement  
 \$394,000  
 Project #19

Contains same  
 projects as 01,  
 minus #23, plus  
 #30; includes Core  
 planning

Supplement  
 \$1.07 million  
 #25, 26, 27, 28,  
 29, 32, 33

03 Operational  
 \$4.2 million

#1, 2, 4, 5, 6, 7,  
 8, 12, 13, 14, 16,  
 17, 18, 19, 22, 25  
 26, 27, 28, 29, 30  
 32, 36, 37, 38, 39

Supplement  
 \$202,000  
 #33

Proposed extension

No commitment beyond this point;  
 plans for this period are the  
 subject of the site visit.

## MISSOURI RMP OPERATIONAL FUNDING

## DIRECT COST FUNDING

| Project | 01<br>Initially<br>Awarded | 02<br>Initially<br>Awarded | 02<br>Actual<br>Expenditures | 03<br>Initially<br>Awarded |
|---------|----------------------------|----------------------------|------------------------------|----------------------------|
| 1       | 200,954                    | 156,364                    | 149,835                      | 31,674                     |
| 2       | 61,743                     | 71,858                     | 70,977                       | 73,227                     |
| 4       | 421,471                    | 350,004                    | 284,448                      | 317,452                    |
| 5       | 54,814                     | 89,688                     | 104,938                      | 112,157                    |
| 6       | 77,561                     | 109,558                    | 96,769                       | 114,078                    |
| 7       | 329,712                    | 424,942                    | 445,104                      | 375,173                    |
| 8       | 279,365                    | 399,857                    | 385,821                      | 340,601                    |
| 12      | 39,055                     | 53,574                     | 73,453                       | 41,225                     |
| 13      | 65,200                     | 83,010                     | 51,873                       | 70,090                     |
| 14      | 52,100                     | 55,616                     | 30,799                       | 46,110                     |
| 16      | 103,899                    | 121,069                    | 121,069                      | 112,333                    |
| 17      | 229,129                    | 473,317                    | 232,834                      | 438,693                    |
| 18      | 238,805                    | 290,239                    | 390,029                      | 613,135                    |
| 19      | 369,000                    | 421,507                    | 379,546                      | 367,938                    |
| 22      | 69,347                     | 286,197                    | 64,360                       | 309,421                    |
| 23      | 26,842                     | 7,020                      | 7,448                        |                            |
| 25      |                            | 206,723                    | 65,858                       | 172,620                    |
| 26      |                            | 217,614                    | 78,577                       | 178,337                    |
| 27      |                            | 208,409                    | 119,921                      | 111,302                    |
| 28      |                            | 50,000                     | 25,957                       | 18,079                     |



TABLE 2 (Continued)

|    |         |         |         |
|----|---------|---------|---------|
| 29 | 105,072 | 39,552  | 80,120  |
| 30 | 338,884 | 333,135 | 339,803 |
| 32 | 19,931  | 9,041   | 17,332  |
| 33 | 80,120  | 54,085  | 205,616 |
| 34 | 61,036  | 41,789  |         |
| 36 |         |         | 60,803  |
| 37 |         |         | 69,070  |
| 38 |         |         | 73,006  |
| 39 |         |         | 59,636  |