



E000714

PROFILE: WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

Grantee: Research Foundation of the State
University of New York

Chief Executive: John R. F. Ingall, M.D.

Profile originally prepared by:
Spencer Colburn

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II. DEMOGRAPHY

- 1) Population: The 1968 estimated population is 1,940,000. There are two metropolitan areas - Buffalo, 600,000 and Erie, 150,000.
 - a) Roughly 77% urban.
 - b) Roughly 94% white.
 - c) Median age: 30.3 years (U.S. average 29.5)
- 2) Land area: 7,200 square miles
- 3) Health statistics:
 - a) Mortality rate for heart disease--461/100,000 (high)
 - b) Rate for cancer--180/100,000 (high)
 - c) Rate for CNS vascular lesions--107/100,000 (average)
- 4) Facilities statistics:
 - a) School of Medicine, State University of New York, Buffalo - 381 students.
 - b) Roswell Park Memorial Institute - 300 bed Cancer Institute
 - c) Fifteen Schools of Nursing - 4 degree granting
 - d) Six Schools of Medical Technology
 - e) One School of Cytotechnology
 - f) Eight Schools of Xray Technology
 - g) One School of Pharmacy
 - h) There are 54 short term hospitals with 8,500 beds, four Veterans Administration Hospitals with a total of 3,100 beds, and two State Hospitals with nearly 6,000 long term beds.
- 5) Personnel statistics:
 - a) There are 2,623 (138/100,000) MDs in the Region.
 - b) There are 8,350 (439/100,000) active nurses in the Region. In all there are 13,000 nurses.

III. POLITICS

1) Governor

Nelson Rockefeller (R)

2) Senators

a) Jacob K. Javits (R) 1956-1975, Member Foreign Relations, Government Operations, Labor and Public Welfare, Joint Economic Committee, Select Committee on Nutrition and Human Needs, and Select Committee on Small Business.

b) Charles Goodell (R) 1968-1975, Member Banking and Currency, Commerce, and District of Columbia.

3) Congressmen

a) Thaddeus J. Dulski (D) 1958-1970, Member Veterans Affairs, and Post Office and Civil Service (Chairman)

b) Richard D. McCarthy (D), 1964-1970, Member Public Works Committee

IV. HISTORICAL REVIEW

November, 1965

- The Interim Coordination Committee is formed. This committee is a group of seven professional health and health planning people concerned with the development and implementation of a Regional Medical Program in Western New York.
- Dr. Douglas M. Surgenor, Dean, School of Medicine, New York State University at Buffalo sends "Letter of Intent" to NIH.

December, 1965

- Dr. George Moore, Director, Roswell Park Memorial Institute, Buffalo, and member of the Interim Coordination Committee is named to the NAC.

January, 1966

- Organizational meetings continue, progress is excellent and involvement is expanding.

April, 1966

- Dr. Douglas M. Surgeon, Program Coordinator submits application for planning grant.

December 1966

- 01 Planning Award \$117,026 DC

April, 1967

- John R. F. Ingall, M.D. became Program Coordinator.

September, 1967

- Planning supplement is submitted and request funds for the addition of three new activities to its planning grant. The three activities are:

1. A two-way telephone communication network.
2. A coronary care program.
3. A model comprehensive pulmonary care facility.

The November 1967 Council felt that all the proposals presented in this application are worthy of support. However, after full and thorough discussion of this application, the questions raised and the appropriate use of planning and operational funds, it was determined that a site visit be necessary so as to

identify those facets which could be funded.
(See February 1968 and March 1968)

December, 1967

- 02 Planning Continuation - \$117,026 DC

February, 1968

- Site Visit: Drs. Slater, Hirschboeck, Prior, and Hall.

The site visit team felt that:

1. Official representation on the RAG and special committees is well balanced.
2. Administrative arrangements for planning and program are beginning to be well developed.
3. Administrative - advisors relationships had been more formalized since submission of application.

The three project activities were reviewed in detail and it is suggested that the Communications Network and the Coronary Care Program be funded as operational projects 1 and 2 respectively. (SEE March 1968)

It was recommended that the proposal for a Regional Model Comprehensive Pulmonary Care Facility be a planning activity.
(See March 1968)

March 1968

- 01 Operational Award - \$289,063 DC funds the Two-Way Communication Network and the Coronary Care Project.
- 02 Planning Supplement Award - \$153,559 DC

To accomplish the project Planning for Pulmonary Care and to HOWNY to hire and support additional core staff.

May, 1968

- The first operational supplemental grant application is submitted and presents six new operational activities and core activities as follows:

- #3 - Chronic Respiratory Disease
- #4 - Immunofluorescence Service and Training
- #5 - An Integrated, Computer-Based Regional Poison Control Program
- #6 - Pilot Study Program in Nuclear Medicine
- #7 - A test of Two Continuing Medical Education Techniques
- #8 - Dialysis and Kidney Program
- #9 - Core Program

Council recommended:

- a) Approval of Projects #3 and #4 at a decreased level of \$607,159 in direct cost for the first year with

recommended future support for each in the second and third years as requested;

b) provision of up to \$50,000 each for projects #7 and #8 for one year of planning, the actual amounts to be negotiated by the Division; and

c) disapproval of projects #5 and #6

December, 1968

- \$405,689 DC award

This award provides support for core program activities only.

March, 1969

- Operational Continuation Award for \$777,763 DC, and a supplemental award of \$79,738 is granted. These awards align core activity and operational projects with the intent to enhance fiscal management for the program.

July, 1969

- Supplemental award of \$563,006 for remaining nine months of budget period. This award is to accomplish renewal of project #2 - Coronary Care Program and the implementation of project #10 - Tumor Registry.

Reviewers considered project #2 to a standard CCU training program but expressed concern that there was no indication of long range goals or when a saturation point would be reached.

Project #10 was a well written proposal clearly establishing a need.

August, 1969

- In the August review cycle two projects were under consideration #11 - Medical Genetics Clinic; #12 - Provide Mass Media Health Information to Improverished Residents of the Region.

Project #11 was deferred for further study by Council. The major concern is "relevency."

Project #12 was disapproved and reviewers expressed reservation regarding priority for funding this type of proposal.

V. CORE STAFF

Coordinating Headquarters

Western New York Regional Medical
Program
2929 Main Street
Buffalo, New York 14214
(Tel.: 716/835-0728)

Program Director

*John R. F. Ingall, M.D.

Staff

Associate Director
Jerome I. Tokars, M.D. (30%)

Administrative Associate for Grants
Management
Leonard Kaye

Administrative Associate for
Business and Personnel
(Mrs.) Marion Sumner

Administrative Associate for Assessment
and Evaluation
Elsa Kellberg

Administrative Assistant for Area
Liaison
Donald Meyers

Director, Nursing Affairs
(Miss) Patricia Shine, R.N.

Director of Communications
Anthony Zerbo, Jr.

Project Directors

Coronary Care Program
(Mrs.) Betty Lawson, R.N.

Telephone Lecture Network
Joseph Reynolds

*Chief Executive Officer

BIOGRAPHICAL INFORMATION

1) John R. F. Ingall, M.D.

- a) Born England, 1929
- b) Medical Schools: -
Kings College, London University - 1947-49
Westminster Medical School - 1949-52
- c) Bachelor of Medicine, London - 1953
- d) Bachelor of Surgery, London - 1953
- e) Royal Army Medical Corps - 1954-56
- f) Senior Residency - Westminster Hospital - 1956-57
- g) Junior Attending Surgeon - 1958-62
- h) Senior Cancer Research Surgeon, Roswell Park Memorial
Institute - 1966-67

2) Jerome I. Tokars, M.D.

- a) B.S., University of Buffalo - 1944
- b) M.D., University of Buffalo - 1947
- c) Private Practice, Internal Medicine - 1951-52; 1954 - present
- d) Chest Clinic Physician, Erie County Health Department - 1955-64

VI. ORGANIZATION

Board of Directors

- 1) There are 28 members who are chosen as follows: two members from the counties of Allegany, Erie, Cattaraugus, Chautauqua, Genesee, Niagara, Wyoming, and the county of Erie, Commonwealth of Pennsylvania, one of whom shall be a physician selected by the County Medical Society and one to be a non-physician to be selected by the county committee for each of said counties; two members representing the School of Medicine at The State University of New York at Buffalo, one of whom shall be the Dean of the Medical School or a person selected by him and one to be chosen by the Faculty of Health Sciences at large; two members representing the Roswell Park Memorial Institute; one member representing the Western New York Hospital Association; one member representing the Comprehensive Health Planning Council of Western New York, Inc.; one member representing the Regional Health Director, Department of Health, State of New York; one member representing the Commissioner of Health, Erie County, New York. The foregoing persons shall then choose three members at large from the Voluntary Health Agencies not above represented; and three members at large from members of the public.
- 2) The members are appointed by RAG (HOWNY).
- 3) Each of the directors shall serve for one year or until his successor is chosen.
- 4) Chairman -
- 5) Meetings are held as needed.
- 6) Function: To conduct the business and affairs of the corporation, approves all proposals, defining program objectives, determines priorities for implementing these objectives, and review and evaluation of program activities.

Regional Advisory Group (HOWNY)

- 1) The Health Organization of New York (HOWNY) is the Regional Advisory Group to the Western New York Regional Medical Program.

The Organization is made up of the regional advisory group in each of the RMP's eight counties.

These county groups vary in membership from 10 to more than 120 and HOWNY membership is now approximately 250. The by-laws are constructed in such a manner that membership can be flexible to allow for greater representation as interest increases. Membership must however, include practicing physicians, medical center officials, hospital administrators, representatives from medical societies, other health and health related professions, voluntary and public health agencies, and representatives of other organizations, institutions and agencies and members of the public familiar with the need for the services provided under the program.

- 2) HOWNY is also the Comprehensive Health Planning Advisory Council.
- 3) Members serve until replaced by the organization or interest they represent.
- 4) The Chairman is William Chalecke, M.D., a practicing physician.
- 5) Each county group meets monthly and they meet as a body annually.
- 6) Functions: Elect a Board of Directors for HOWNY and to review all proposals for funding by RMP. Proposal critiques by RAG are sent to the Board of Directors and the proposals committee to insure that regional views are considered in the review process.

Proposals Committee

- 1) The proposal committee has 14 members and they are appointed by The Board of Directors from the RAG membership.
- 2) This committee has four responsibilities: 1) To receive recommendations on proposals from the county committees, 2) to enlist experts as consultants on proposals requiring a technical review, 3) to review all proposals and inform the Board of Directors their recommendations, and 4) to review evaluation reports on operational projects and recommend continuation support in light of the review findings.

Categorical and Other Committees

- 1) The following committees have been formed: Coronary Care, Cancer, Heart, Stroke and Stroke Education, Dialysis, Constitution and By-Laws, and Long Range Planning.
- 2) The responsibilities of these committees are to set priorities, establish objectives, make recommendations and continue to be an

integral part of the RMP's activities.

- 3) With the exception of the Long Range Planning Committee all have conducted at least one planning study and have reviewed a project.

VII. PROPOSAL - REVIEW PROCESS

This process is schematically diagramed on the following page.

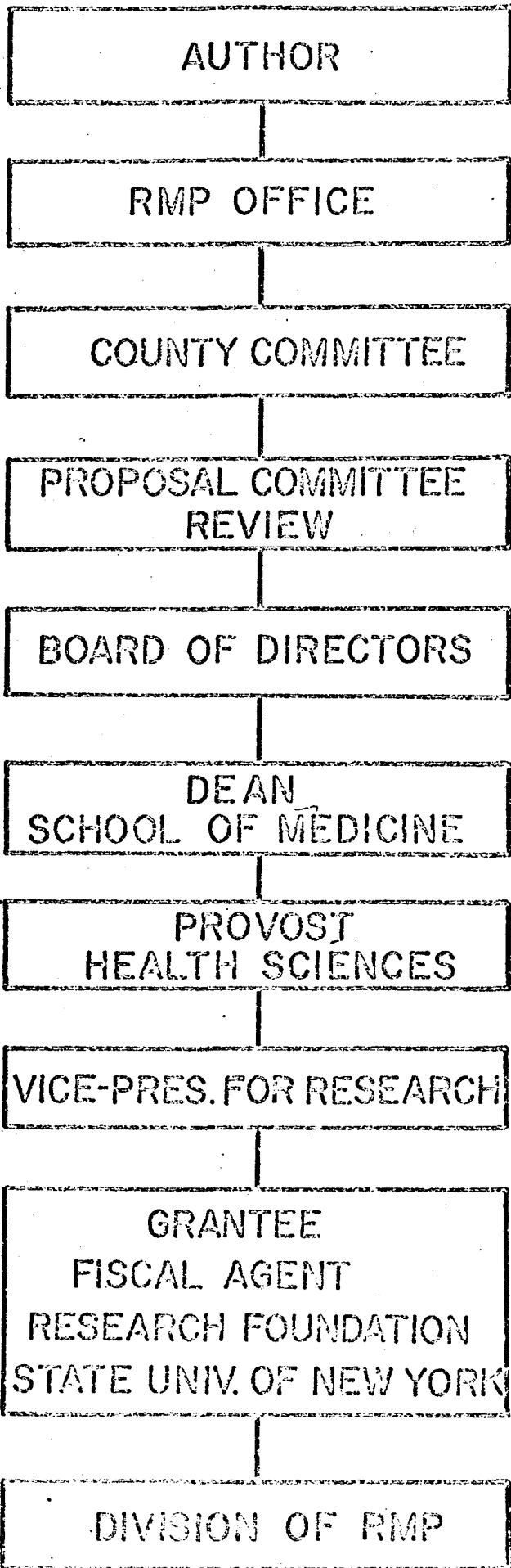
Proposals are usually first received at the RMP coordinative headquarters and from here they are sent to each of the county advisory committees.

The county committees have 30 days to review each proposal before they send their critiques on to the Proposals Committee.

The Proposals Committee reviews the project application incorporating recommendations of RAG (HOWNY) and technical reviewers, if such is performed. The Proposals Committee may elect to obtain a technical review from experts in the field of which the application is written.

The Board of Directors now reviews the application with the aid of all past reviewers recommendations, and arrives at a final decision regarding subject material.

The remaining steps in the review process concern themselves only with budgeted line items such as salary scales, etc.



VIII. FUNDED OPERATIONAL PROJECTS

#1 -- TELEPHONE LECTURE NETWORK

Objectives: A two-way telephone communication network would link hospitals of Western New York and Erie County, Pennsylvania to the Continuing Education Departments of the State University of New York at Buffalo and the Roswell Park Memorial Institute. Equipment would be leased from the New York Telephone Company. The network could serve several purposes, such as continuing education for physicians, nurses, and the health-related professions, public education, administrative communication, consultation with experts, and contacts among blood banks.

#2 -- CORONARY CARE PROGRAM

Objectives: The proposed coronary care program would test a training technique for providing qualified nurses who will be required to staff developing coronary care units in the Region. Approximately 80 nurses (4 groups of 20) have been selected from all parts of the Region for a combined academic and clinical course. Additional nurses will be trained. In addition, physicians would receive a condensed course to include that given to the nurse plus an opportunity to study physical, legal and administrative requirements of coronary care units.

#3 -- CHRONIC RESPIRATORY DISEASE PROGRAM

Objectives: Funds are requested to develop a model regional comprehensive pulmonary care program. A nine point program is presented, including correlated educational activities for physicians, nurses, and allied health personnel. Other selected program aspects are: early case finding, out-patient and in-patient care, rehabilitation services, intensive care for acutely ill patients, and extended care services. Maximum use would be made of existing service, teaching and research resources. Four major hospitals will participate in this cooperative program. A site-team which can be any combinations of chest physicians, respiratory nurse specialist, and/or a blood gas technician will be available to all hospitals in the region upon request. This will act as support consultation for problems of diagnosis, management, in-service education, staff conferences, or whichever will serve the local purposes.

#4 -- IMMUNOFLUORESCENCE SERVICE AND TRAINING

Objectives: This proposal would make available immunofluorescent antibody tests for diagnostic purposes on a regional basis. Physicians in the region would be given information on the applicability of these tests. A teaching program for pathologists and laboratory personnel from regional hospitals would be offered so as to decentralize routine tests away from the host facility.

#6 -- PILOT STUDY PROGRAM IN NUCLEAR MEDICINE

Objectives: This is a pilot or feasibility study of cost-effectiveness and patient service aspects of a nuclear medicine unit in a small community hospital. Funds are requested to equip such a program. Program objectives include provision of diagnostic services, educational programs for practitioners as to the potential of this procedure, and the development of a training program for isotope technicians.

#7 -- A TEST OF TWO CONTINUING MEDICAL EDUCATION TECHNIQUES

Objectives: The purpose of this proposal is "to define a research strategy which will measure the effectiveness of the central tape library and the medical juke box as teaching and consultation tools for physicians and subsequently for paramedical personnel... This study will evaluate the educational advantages and cost-effectiveness of: (a) central tape medical library, (b) juke box medical recording, and (c) central tape versus juke box."

#10 -- TUMOR REGISTRY

Objectives: To contribute to epidemiological research, obtain clinical/pathological mortality correlations, aid in a diagnostic/treatment method evaluation, and to establish a guide for future educational programs.