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SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

ALABAMA REGIONAL MEDICAL PROGRAM  
RM 00028 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$338,208	\$246,950
2nd Year	250,689	185,924
3rd Year	194,974	127,421
<hr/> TOTAL	<hr/> \$783,871	<hr/> \$560,295

CRITIQUE: The Committee noted the unique history of this program with its close interrelationship both Statewide and locally with organized medicine and comprehensive health planning. The University through the RMP has taken on the responsibilities of continuing education. There is a great lack of skilled manpower in the Region which is of paramount concern to the RAG, the Medical Society and the University.

Project #23 - Guidance Counselor's Continuing Education in the Health Field (Resubmittal). This program is a high priority item for this Region because it is directed toward what they identify as one of their greatest needs, "additional workers in the health field." A great deal of concern was expressed throughout the Region when the initial proposal was disapproved. Committee believed this to be a good proposal and recommended that it be funded.

Project #24 - Birmingham Community Medical Television Network (Resubmittal) Committee believes this project has little regional outreach, it is primarily directed to the University of Alabama. Committee recommends that a local source of funds and not RMP funds be utilized to support this program.

Project #25 - Production of Audiovisual Materials for Reality Orientation Training Program. The Region has a presently funded project (#5), "Training Program - Reality Orientation Technique", which is an education program for those personnel dealing with the care and treatment of confused and/or disoriented persons. Committee and site visitors have viewed this project as one of the most interesting activities funded

by RMPS. Committee recommends funding this request.

Project #26 - Model Cities - RMP Nutrition Project in Tuskegee

Committee believes the needs identified in this project are vital needs of the rural poor in this Region. It appears to be a well-planned program which has outreach and involves other health resources such as the Tuskegee Model Cities Program, Tuskegee Institute and Medical Society. Committee recommends the utilization of RMP funds to support this program.

GRB 10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

ALBANY REGIONAL MEDICAL PROGRAM  
RM 00004 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$133,324 (9 mos.)	-0-
2nd Year	194,813	-0-
3rd Year	225,739	-0-
TOTAL	\$553,876	-0-

CRITIQUE: Committee noted that the two renewal projects up for consideration did little to dispel its previous fears about the direction in which the Albany Regional Medical Program is heading. These requests were considered as evidence that Dr. Woolsey's reception of the May 1969 site visitors' message (plus repeated reiterations by staff) had been confined to the words (with which both proposals are replete) rather than the concepts behind them. Both projects are entering their 04 year of operation and are requesting three additional years of support. Both received only a year's renewal last year, with future support to be dependent on submission of satisfactory evaluative data, and both are requesting renewal on the basis of what the Review Committee considered inadequate evaluation. It appeared clear to the reviewers that the ARMP (as represented through these two renewal proposals) is not moving out of the continuing education field and is not moving in the direction of eventual phase-out of ongoing activities. It was observed as well that Albany will submit its Anniversary Review Application, including renewal support for Core, to the July/August 1971 Review Committee and Council, and that a recent staff review of the 04 year continuation application found little evidence that the Region had come to grips with its long-standing problems.

The decision to retain these two projects in the ARMP without satisfactory program evaluative data led the Committee to question the Region's review process in relation to Regional priorities. Further, since the application indicates that the Region is not moving out of the field of continuing education, the Committee could not recommend that additional funds be provided. In addition, the reviewers believed that the rebudgeting of funds by the ARMP to support either of these projects would be a clear indication that the Region is incapable of moving in new directions.

Project #4R - Consulting Physicians Panel

Critique: The reviewers noted that in response to the May 1969 site visit team's suggestion of a shift in emphasis in this project to include more than the mere critiquing of continuing education programs, the name of the project has been changed from "Postgraduate Instruction Development Panel" to "Consulting Physicians Panel" and the objective has been changed to that of obtaining information concerning the health needs of the ARMP area. The reviewers were disappointed in this project on multiple counts:

1. The extensive sociologic evaluation of past activities is not relevant to RMP aspects of the project.
2. It is questionable whether providers' perceptions only can provide a legitimate basis on which to identify health needs.
3. As mentioned before, the project appears to have changed its rhetoric as a knee-jerk reaction, with minimal consideration given to the real meaning of what the change in objectives is all about.

Project #5R - Community Hospital Learning Centers

Critique: Again, the Committee considered the evaluation of the effectiveness of "instant education" to be grossly inadequate. The users' assessments and the pre/post tests were obtained from too few people to be meaningful. All in all, this activity was looked on as a very expensive attempt to enhance physician knowledge with techniques of doubtful value. Parenthetically, the reviewers wondered how much library equipment and materials could be bought for \$316,000 over a three-year period.

GRB/RMPS  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

ARKANSAS REGIONAL MEDICAL PROGRAM  
RM 00052 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

Conclusion:

<u>Year</u>	<u>Request</u>	<u>Committee Recommendation</u>
1st	\$189,382	\$189,382
2nd	\$203,069	\$203,069
3rd	\$222,993	\$222,993
<u>TOTAL</u>	<u>\$615,444</u>	<u>\$615,444</u>

Critique: The Review Committee noted that this Region will submit its first Anniversary Review Application for consideration by the October/November 1971 Review Committee & Council. In addition, it may exercise an option and apply for supplemental support for Core subregionalization during the January/February 1971 review cycle. Because of the exigencies of this particular Region, 48% of current funding flows into training and education activities, as shown on the pink visual sheet, and 37% into core activities.

The current request is for supplemental support for core, and the Review Committee observed that increased core activities in the areas of planning and administration was a need pinpointed by the July 1969 site team. The reviewers thought the application explained very clearly and justified the need for seven additional full-time positions to effect ARMP's shift from project to program development (with a concomitant increase in RAG involvement and diversification) and to strengthen core technical assistance and service functions. This was considered an excellent proposal.

RMPS/GRB  
10/22/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

CALIFORNIA REGIONAL MEDICAL PROGRAM  
RM 00019 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$1,039,679	\$150,000 *
2nd Year	1,116,539	150,000 *
3rd Year	1,093,681	-0-
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TOTAL	\$3,249,892	\$300,000

\*This precludes use of funds for Renal Project.

CRITIQUE: The Committee noted that the application demonstrated some of the attributes which have both benefited and plagued the California RMP since it first took the state umbrella approach to developing programs in the eight or nine subregions. Several of the projects proposed are clear attempts to develop linkages in areas which have been lagging, others are building on activities initiated by the more progressive areas in the Region and several proposals point to the lack of any overall Regional priority system.

In recommending approval at a reduced level, the Committee recognized that a site visit would be made to California in early December to review requests for three years of additional core support for all nine of the areas in the Region, and suggested that inquiry into the review processes that produced several of the project proposals in this application might provide the site visitors with valuable information about Regional development: (1) How does the RMP review process decide to forward requests for supplemental funding of on-going projects with no information presented about the results of the activity to date; (2) How does the California RAG look upon individual projects from a Regional viewpoint. Are perinatal monitoring projects envisaged for every area in the state or is one project to serve as a model demonstration for the whole state; (3) Is an overall coordinated state program emerging in certain areas; i.e., continuing education and renal diseases. What are the data utilized by the California RAG in forwarding proposals in these areas to RMPs for funding?

Project #27S - Family Practice Program - Area I The Committee recognized the core staff competence present in Area I and the fact that the Family Practice Program is addressing a major national problem — health for the poor. But little information was presented in the application to indicate any evaluation of the program to date. It seemed to the Committee reviewers that the project has a basic weakness in that it depends fully on medical residents and has no fulltime physicians on the clinic staff to supervise their work. Volunteer physicians and nurses apparently provide the supervision for the residents, but the Committee questions how this works in practice.

Project #44S - Medical Oncology - Area I Again, the Committee questioned why the California RMP forwarded a supplemental request for this project with no information about the basic activity which may not really be underway. The budget seems high for the activities proposed.

Project #62 - Physicians Continuing Education in Community Hospitals - Area VII The Committee noted that this activity is proposed for Area VII which has lagged behind other areas and may represent the cement needed to make the RMP grow in this area. The activities proposed represent a shotgun approach to continuing education. The project does represent an attempt to link hospitals and its effectiveness will depend entirely on the quality of RMP leadership provided. The Committee wonders if areas more experienced in continuing education are providing guidance to Area VII and if the Region is developing a coordinated approach to continuing education programming.

Project #63 - Perinatal Crisis Care Training and Service Development - Area IV The Committee recognized this proposal as a well-designed activity which could serve as a model for California in developing a center with adequate transportation back-up for perinatal patients, although there is no indication that this is the intent. There is need, however, for working with the physicians and hospitals away from the center as well as in the center, to assure not only prompt referral to the center but prompt referral back to the community setting once a patient's condition is stabilized and adequate followup. Unless these aspects are built in, no long-range changes in institutional relationships will result. The equipment request is high and the Committee questions RMP support for the equipment.

Project #64 - Continuing Education for Physicians in South Bay - Area IV The Committee felt that this proposal had a number of novel features, including a charge to physicians for the training. It also recognized that it represents a change in approach for Area IV which has been heavily involved in TV as the avenue for continuing education. The Committee also noted that this was an expensive program that might reach only those physicians already committed to continuing education.

Project #65 - Comprehensive Renal Detection Diagnosis and Treatment Program - Area VIII The Committee was very concerned about this proposal not only for its inherent deficiencies but for its implications about the California review process. The concepts proposed are broad and



comprehensive encompassing prevention as well as treatment, but specific objectives and implementation plans are missing.

A screening program is proposed for the Laguna Hills Leisure World Community, the favorite site for Area VIII proposed activities, the Committee noted. No information is presented in the application about the California RMP plan for renal diseases, and the Committee is concerned that California may be forwarding renal proposals from all of its areas.

The Committee considers this proposal inappropriate for RMP funding in the absence of an overall California renal program plan and data on existing facilities and resources.

Dr. Besson was not present during Committee discussion and action.

GRB 10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

CENTRAL NEW YORK (SYRACUSE) REGIONAL MEDICAL PROGRAM  
RM 00050 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$131,037	\$116,385
2nd Year	50,487	35,367
3rd Year	51,430	35,866
Total	\$232,954	\$187,518

CRITIQUE: The Committee noted that this Region had a strong regional regional continuing education program for nurses and several projects outside of Syracuse in coronary care training and continuing education for physicians. The Region will be presenting its three year plan in an application to be submitted in May 1971.

Project #2R - Mobile Stroke Rehabilitation Service (Renewal).

Rather than approve this project for another three-year period the RAG of the CNY/RMP authorized the request for extending it for six months during which time it will be under the careful surveillance of the RAG Committee on evaluation of services. This six-month extension would also bring this project in line with the October 1st annual report date of other operational projects and core. Committee believes that this program, by bringing continuation education activities to the physicians practicing medicine in the rural medically deprived areas, could reduce the number of physicians which migrate to urban communities in search of further education. Committee views this project as a high priority activity for the Region and recommends the utilization of new funds to extend this program an additional six months. Committee would be interested in seeing an evaluation report on this project at the conclusion of this funding period.

Project #16 - Management Personnel Training Program.

The Review Committee had much difficulty relating this project to the categorical objectives of this Region, Committee recommended

that the Region resubmit this project with their Anniversary Review application in May 1971, with clarification on how this program fits into their Regional plan.

Project #17 - Regional Biomedical Electronics Safety Program.

Committee had much difficulty relating this program to the categorical objectives of this Region. They also believed that prior to funding this activity it should be regionalized to include other hospitals in the Region. Committee considered this program a low priority item, however, they recommended funding with the condition that it is regionalized to include other hospitals.

RMPS/GRB/10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

COLORADO/WYOMING REGIONAL MEDICAL PROGRAM  
RM 00040 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$29,066	\$19,474
2nd Year	30,589	20,495
3rd Year	33,940	22,740
Total	\$93,595	\$62,709

CRITIQUE: This application contained no information on the relationship of its one project proposal to the Region's overall goals or current strategy. Nor was there information on the local review and basis for RMP approval. However, the application received a favorable review. After considering the information provided by the RMPS staff prepared pink sheet, it appeared to the reviewers that the proposed Radiation Therapy project would expand the Region's strongly supported cancer program. Further, it would expand and strengthen activities in the area of research and development, which currently play a relatively insignificant role in the total program. The project is well conceived and organized and meets the guidelines on dosimetry as set by the National Advisory Council. Although a question was raised regarding the qualifications of the radiologists in the participating hospitals, the Committee was satisfied that qualified radiologists would be involved and that adequate control in the use of equipment would be assured. While the Committee was impressed with the project, they believed that the participating hospitals should be expected to share in the cost of the program. The Committee recommended that the project be included in the Region's program, but believed the RMP should support only two-thirds of the cost with the participating hospitals paying the remaining third.

Dr. Kralewski was not present during Committee discussion and action.

RMPS/GRB/10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

CONNECTICUT REGIONAL MEDICAL PROGRAM  
RM 00008 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$523,736	\$200,470
2nd Year	516,158	137,965
3rd Year	595,447	145,447
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TOTAL	\$1,635,341	\$483,882

CRITIQUE: The reviewers noted that the Connecticut Regional Medical Program will submit its first Anniversary Review Application for October/November 1971 Committee/Council review, but that it also has elected to exercise an option to submit an application for supplemental support for new activities for the January/February 1971 review cycle. The relationship of the activities in the current proposal to ongoing projects and the overall Regional plan are shown on the staff-prepared pink sheet. It was further observed that Connecticut is one of the Regions which has had a "grand design" and specific Regional thrusts since the beginning of its operational experience, and although it occupies a somewhat pioneering position among the RMPs on that count, Committee realized in reviewing this application that CRMP seems sometimes to fall short in its identification of Regional needs. The overall recommendation for the application was for approval at a reduced level. The basis on which the approved amount was calculated, and the conditions attached to the recommendation, are discussed below.

Project #5S - Augmentation of Support for Community-Based Regional Faculty.

The Committee noted that although the Council-approved level of support for Project #5 would permit the Region to rebudget its existing resources into this project far in excess of the current funding of \$157,000, current Regional priorities apparently preclude a higher funding level. Even though the concept of establishing chiefs-of-staff in community hospitals already has Council approval, the Committee reviewers could not recommend the award of additional monies for this in the absence of information as to the success of the seven chiefs-of-staff positions

which currently are being supported under Project #5.

Project #26 - Planning Neighborhood Services in Hartford. CRMP support of the planning phase of a system to provide an effective consumer voice for the disadvantaged citizens of Hartford in the delivery of health services was viewed as meshing with both Regional and National goals. The requested one year's funding was recommended, with the contingency that at the end of RMP support the Region submit a report of the history of the project so the experience in this area may be shared with others.

Project #27 - University of Connecticut School of Nursing Regional Faculty  
The Review Committee found it could not recommend additional support for this activity without a more definite indication of the relationships between the proposed Director of Continuing Education at the University of Connecticut School of Nursing and the activities of the Yale University Schools of Medicine and Nursing as well as a clear description of the relationship of this proposal to the total CRMP effort.

Project #28 - Southern Connecticut Kidney Disease Program. The Committee reviewers agreed that this kidney disease program evidenced area planning and promised more effort per dollar than other similar proposals the Committee has seen in the past. The primary disadvantage of the proposal is the lack of any indication that the Hartford area was involved in any way. It was the common feeling that this activity should receive a recommendation of approval at the requested level if evidence is submitted of contacts being made in Hartford and if the project is consistent with Council guidelines governing the approval of renal programs.

Project #29 - Regional Reference Laboratory Service - Although the reviewers recognized certain advantages to the regional linkages that might be built with the creation of this laboratory, this was outweighed by considerations revolving around the relationship of this proposal to organized medicine in the state, the advisability of supporting a revenue-producing activity, and the realization that although all laboratories enhance medical care, RMP cannot put itself in the position of supporting those that do not provide something more unique. No funds were recommended for this activity, and the reviewers had serious reservations as to whether it would be advisable for the Region to even consider funding it from rebudgeted existing resources.

Project #30 - Regional Nuclear Medicine Program - Because of questions regarding the support of this project by organized medicine in Connecticut the apparent excessive equipment purchases, the lack of explanation of how revenue will be handled, and the failure of the reviewers to understand the relationship between this project and the radio-immunoassay laboratory proposed in Project #29, the Committee could not recommend funding for this proposal. In fact, there was concern as to the propriety of the CRMP's funding this activity from existing resources.

Project #31 - University of Connecticut Planning Program for School of Allied Health Professions - Since the University of Connecticut has already committed itself to establishing the School of Allied Health Professions, the Committee could not understand the rationale behind this proposal to provide a team of planners from the outside, especially in light of the lack of any clear statement of what the planning matrix would be. No funding was recommended and the reviewers, in fact, would question the wisdom of any CRMP efforts to finance this planning from existing resources.

Project #32 - Cancer of the Cervix Study - The reviewers were amenable to recommending approval for the terminal year's support for this project if the people responsible for the administration of the first two years of the project under 314 (e) think the group involved is capable of carrying out the study, and if a recommendation of approval is consistent with Council policy regarding the 314 (e) cervical cancer projects.

Mr. Thompson was not present during Committee discussion or action of the application.

GRB 10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

GEORGIA REGIONAL MEDICAL PROGRAM  
RM 00046 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year (8 mos.)	\$85,936	-0-
Total	\$85,936	-0-

CRITIQUE: Committee, in the absence of any documentation, was unable to understand how this application fits into the Region's strategy and overall program goals. The relation of these activities to the State-wide Cancer Program being supported presently at \$401,276 (see pink sheet) was not indicated.

Committee recognized the two cancer components which made up this application, #34 - Demonstration for Detection of Female Genital Cancer and #35 - Cytology Screening Project, to be excellent ongoing activities which have proven successful in finding cervical cancer among women. However, it was felt that such activities should no longer be considered in the realm of research or demonstrations. Committee believes such activities should now be classified as services and, as such, support should now be sought from third party payment and/or the State. Committee requests Council policy on this issue.

RLS/GRB/10/26/70



SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM  
RM 00026 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$ 462,724	\$ 88,106
2nd Year	419,049	88,261
3rd Year	316,901	89,207
TOTAL	\$1,198,674	\$265,574

CRITIQUE: The Review Committee noted that the Greater Delaware Regional Medical Program will submit its first Anniversary Review application for consideration during the January/February 1971 Committee/Council. The application will contain a third-year continuation request in addition, it may contain supplemental operation proposals. It is very doubtful that a developmental component will be included in the request.

The Review Committee considered the "pink" component sheet and noted that an unusually high amount of the Region's funds (64%) are concentrated in the Administration and Planning functions. Twenty-one percent are allocated to Training and Education and 15% in the Demonstration of Patient Care area.

The Committee expressed some concern regarding the basic organization of the Greater Delaware Valley RMP and the functions and activities of the large Core staff both in the Executive Director's office and in the Medical schools. It was the impression of the Reviewer's that the GDVRMP did not truly represent a regional program that had assessed its resources and problems in a systematic fashion, developed a plan, established priorities, etc.

The membership of the Board of Directors and the Regional Advisory Group has now been expanded and has included strong subregional representatives. With the leadership of these two groups it is believed that the GDVRMP has the potential to build a regional program that will be responsive to the existing problems in the region.

Project #20 -- Regional Radiation Therapy Network. The aim of this proposed program is to provide a management framework that will allow medical institutions to work cooperatively rather than competitively in the functions of treatment, training and research. The primary hospitals to be involved in this comprehensive program are: Hahnemann Medical College and Hospital; Crozer-Chester Medical Center; St. Joseph's Hospital; Reading Hospital, Community Hospital, Reading, Pennsylvania; Sacred Heart Hospital, Montgomery Hospital, Norristown, Pennsylvania; Metropolitan Hospital, St. Agnes Hospital, Philadelphia, Pennsylvania; and West Jersey Hospitals. In addition, six other hospitals are also represented by the Planning Committee. The Review Committee viewed this proposal as a well written, well conceived, comprehensive and extensively described document, but noted that it is clearly a proposal where technical substance is absent.

The Reviewers agreed that the proposal was heavily dominated with radiologist input and lacking in consumer or patient input. Concerns were expressed regarding the applicants failure to indicate who makes the decisions regarding the proper modes of treatment and therapy in the community hospitals.

Although this proposal is described as a comprehensive cancer management program, the Reviewers noted that it does not encompass the medical and surgical aspects of cancer management. The Committee believed that funding should be limited (in a reduced amount of approximately \$75,000 per year) to only the Physics portion of the proposal with advice to the Region that the proposal should be redesigned along multidisciplinary lines.

Project #21 - Development of Tumor Control Centers in Delaware Medical Society. This proposal intends to establish a Tumor Control Center in each of the hospital areas in the Delaware area. The Review Committee viewed this as a rather "primitive" and "pedestrian" proposal with no critical input from the regional level and no evidence of care input.

Although the Committee believed this to be an effort to include Delaware into the GDVRMP, they expressed concerns regarding RMPS putting additional funds into tumor registeries. The Committee members believed that the project was worthy of support but that no additional funds should be allocated to the Region to support this activity and suggested that the Region should be advised to reorganize its Cancer focus to include this activity into the total Regional Cancer management program.

Project #22 - Thera-Flicks Delaware Curative Workshops. This proposal intends to train professional, nonprofessional personnel and the families of patients with chronic disabilities in rehabilitation techniques and in dealing with medical, psychological and physiologic problems involved in chronic disabilities, to develop positive attitudes toward chronic illnesses, and attain greater independence of patients so disabled.

The Committee noted that the proposal could not be considered as a stroke education program, (but rather aimed at the whole realm of disabling diseases) although stroke will certainly be included in its overall activities. The Committee agreed that the proposal lacks "glamour" but believed that it might possibly be a useful venture (based on the many letters of support from various hospitals), and would perhaps add to the priorities, goals and objectives of the Region, and should be supported in the amounts requested for the three-year period.

Project #23 - Coronary Care Training Program, Underwood Memorial Hospital (Revision of Project #11) and Project #24 - Coronary Care Training for Nurses - Crozer - Chester Medical Center and Fitzgerald - Mercy Hospital (Revision of Project #12)- These two proposals are revisions of proposals (11 and 12) which were reviewed during the February/March 1970 review cycle and recommended nonapproval - revision required. The review committee considered these revised proposals simultaneously and expressed little enthusiasm for coronary care training programs in general.

During its review of these proposals, the Committee noted the heavy emphasis on Coronary Care Training programs within this region (four such programs are currently being supported) and questioned the feasibility of providing additional RMPS for the establishment of additional centers. It was believed that the utilization of existing programs would strengthen the subregionalization concepts and provide an overall coordination of the four established centers, plus involving prospective trainees from other geographic areas as the need develops.

The Committee members noted that RMPS has done much in the area of coronary care training, but were concerned over the lack of guidelines as to whether RMPS should or could further involve itself in the support of this type of activity. They believed that it was time for RMP to "call a halt" to providing funds for Coronary Care Training programs. They further believed that data should be obtained and a policy developed on training patterns as it relates to the support of coronary care training.

The Reviewers suggested that the Region be advised to develop some sort of regional resource that would be self-sustaining for the funding of these two proposals.

After a lengthy discussion and in spite of the negative beliefs of the Committee members regarding RMP support adinfinitum for Coronary Care Training programs, it was believed that the two proposals should be supported but that no additional funds should be provided the Region. According to the Program Coordinator's letter (enclosed in the application) this is a priority activity within the GDVRMP.

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

INDIANA REGIONAL MEDICAL PROGRAM  
RM 00043 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

Recommendation: Additional funds be provided for this application.

Year	Requested	Recommended Funding
1st Year	\$120,576	* \$105,439
2nd Year	68,188	53,406
3rd Year	69,389	54,562
TOTAL	\$258,153	\$213,407

\*The feasibility of a reduced amount not detrimental to the conduct of the project should be explored, i.e., cost-sharing of the console.

Critique: The Review Committee noted that this Region now in its second operational year has had a good track record, including a favorable site visit in September 1968. It was also noted that the current funding level is \$1,271,411 (d.c.o.) and \$1,121,411 was recommended for continuing support in the third-year for core and three projects. None of the current funded projects are specifically in the field of cancer and kidney disease. Although the Anniversary Review Application was scheduled for the August 1971 deadline, the IRMP has chosen earlier submission - November 1, 1970. The proposal will include continuation and supplemental applications, as well as a developmental component.

In the absence of complete information about specific overall goals, objectives, priorities and progress the Committee found programmatic assessment of the present supplemental application was difficult. To the extent of the available information, the projects were reviewed in terms of regionalized impact on the delivery of health care in Indiana.

The Review Committee believed the Regional Radiation "Therapy Development and Physics Support Program" to be a well designed and a promising activity in the enhancement of cancer control. Regional in scope, the project has the support of the IRMP Cancer Committee and the

seven local District Cancer Committee Memberships which are multi-disciplinary - a point which Reviewers believed to be important. The reviewers suggested that cost-sharing of the console be explored.

Since the "Training Program for Respiratory Assistants" project deficits are somewhat the same as those for which the previous proposal was disapproved, the Committee was concerned about the IRMP review process. The application still lacks specificity about the curriculum. There is no indication of involvement of the State Inhalation Therapy or Nurses Associations. Neither is any mention made of community colleges in the area or the School of Allied Health, Indiana University which might become a base for a broader curriculum for this field. It would also seem that there should be more specific minimum qualifications for trainees.

GRB/RMPS  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM  
RM 00015 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st Year	\$275,585	-0-
2nd Year	358,264	-0-
3rd Year	290,905	-0-
TOTAL		-0-
\$924,754		

Critique: The Committee noted that the Intermountain RMP will be submitting its first total program application in November which will include a request for developmental funds. The Region was site visited in October 1969, recommended for its efforts to date, but admonished to emphasize program development away from individual university-centered activities to coordinated sub-regional activities and to give greater attention to the health needs of the poor. The Committee was interested in the RAG's insistence that a request for support of a cyto-technology school be forwarded, despite RMP policy, and the fact that no mention was made that the physician assistant proposal has also been submitted to the National Center for Research and Development.

Project #28 - Major Cancer Control on Early Detection with Cytological Techniques. Despite the RAG's high priority for this training activity, this project cannot be supported under present RMPS policy. The training has been supported under 314 (e) funds and has apparently served the area well. The Committee hopes that some of the continuing education activities can be incorporated in the already-funded Cancer Teaching Project.

Project #29 - A Proposal to Train Physicians' Assistants for General Practitioners in Rural Communities. The Committee was informed that this project has also been submitted to the National Center for Research and Development, but has not yet been reviewed. The proposal appears to be an exact replication of the Washington/Alaska Program, but it needs adaptation to, and commitment by the Intermountain health professionals. Although there have been some preliminary meetings with physicians and hospitals, there is no evidence that a single physician is willing to take on a physician's assistant. The curriculum

outlined seems sketchy and has gaps, in the area of drug reactions for example. The Region proposes that physicians' assistants will be used to alleviate severe manpower shortages in rural areas, and will enable the busy overworked rural physician time off for continuing education, etc. The Committee wonders how practical this idea is for rural areas; will the physician's assistant be able to attend female patients in the physician's absence, for example? The Committee believes DHEW should provide guidelines for support of this type of program, which may have promise under some circumstances and not in others. The Committee urges RMPS to work closely with the National Center for Research and Development and the Bureau of Health Manpower to be sure all funded programs of this nature get similar evaluation for National policy guidance.

Sister Ann Josephine was not present during the discussion of this application.

RMPS/GRB  
10/28/70

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

IOWA REGIONAL MEDICAL PROGRAM  
RM 00027 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$501,009	\$498,809
2nd Year	452,852	297,894
3rd Year	513,659	305,379
<u>TOTAL</u>	<u>\$1,467,520</u>	<u>\$1,102,082</u>

CRITIQUE: The Review Committee noted that the Iowa Regional Medical Program will submit its first Anniversary Review Application (at least a developmental component request plus several new proposals) for consideration during the April/May 1971 Committee/Council. The Region opted to submit their anniversary review package for this earlier review rather than wait for the October/November 1971 review cycle which would be in line with their new anniversary date. The Region will submit a third-year continuation application for staff review on December 15, 1970.

The Committee considered the "pink" component sheet which gave an overall impression of a rather well-balanced program. Forty percent of the Region's funds are allocated to core administration and planning activities, 29% to training and education and the remaining 31% flow into demonstration of patient care activities.

While the Iowa Region had a rather slow tedious start as a regional medical program, members of the Committee commented that there are now definite progressive signs beginning to surface. A large portion of the progress was attributed to the new coordinator who assumed his post on 2/1/70. The local review process is not strong but definite actions are being taken to strengthen it through the appointment and orientation of RAG representatives.



The Iowa Region has a unique system of lay field representatives who initially work with and carry back ideas to the various categorical committees and task forces.

Project #3(S) - Stroke Management Project - The reviewers considered this supplement as a request to add a further dimension to the ongoing stroke program within the Region. The Region requests (3 year) salary and fringe benefit to support a full-time rehabilitation nurse to work in a special stroke unit at St. Joseph's Mercy Hospital, Mason City, Iowa. It was concluded that the ongoing comprehensive stroke program is doing well. The reviewers noted the heavy contribution which is being made to the program from local resources. For example, St. Joseph's is to provide the space for a 4-bed stroke unit, a stroke team office, all equipment, furnishings, a full-time secretary and all indirect costs. The Review Committee recommended that support should be limited to a one-year period in an amount not to exceed 75% of the amount requested.

Project #12(S) - A Continuing Cancer Educational Program for Physicians  
The Committee commented that in essence, the supplementary request is to support a cancer registry system (with a name change) while efforts to obtain long-term support through third party payers or state appropriations are being investigated. It was noted that this request is to essentially embellish and add a registry component to an ongoing cancer education program for physicians (currently funded through IRMP, the State Health Department and others) and which provide most of the support for participating hospital cancer programs. There are currently 53 hospitals participating in the program. Ten additional hospitals have indicated a desire to develop a cancer program and join the Iowa Central Tumor Registry. Approval of the supplementary request would add a cancer continuing education program for nurses.

The Committee recommended that the supplemental request be supported for a one-year period rather than the three years requested. It was believed that this action would provide seed funds as interim support for the Region's cancer program.

Project #15 - A Multiphasic Health Screening Project - In its review of this proposal, members of Committee were concerned over a lack of guidelines as to how much involvement and/or to what extent RMP could or should involve itself in the support of multiphasic health screening activities.

The Committee agreed this was a well-designed program which contained the usual tests utilized in a mass screening effort. The outstanding and unusual features of the program were considered to be: 1) The comprehensive follow-up system; 2) The attempts to determine the health levels of model cities residents; 3) The support promised by medical doctors, osteopathic physicians and dentists; 4) The involvement of many working committees in the planning of the program; 5) The involvement and cooperation of many agencies in the program (model cities,

health department, etc.) and 6) Utilization of less well-trained individuals to conduct the screening. There was considerable discussion with regard to surveys which have been conducted by special committees to determine the need for health screening in the Greater Des Moines area. Eighty percent of the adults in a random telephone survey felt a need for the program, 60% of the same group said they would actually utilize such a service. There was a question as to the validity of assumption that this is actually a project that will provide the outreach necessary to link providers of health care with consumers in population groups devoid of good medical care.

The Reviewers noted that this project, if successful, would constitute the model for similar type programs throughout the Iowa Region. Also, the proposal contains financial phase-out plans which includes fee for service (\$20,000 for services of tests if above poverty level) attempts to involve third party payers such as industry, insurance and labor unions.

The Reviewers believed this to be an excellent proposal which has received excellent study and in-depth review at both the sub-regional and the regional level, and recommended that funding be in the amounts requested for the first year. They further recommended that the project's second and third years be supported in the amounts requested minus the estimated generated income.

Project #16 - Single Concept Films For Providing Continuing Education to Physicians and Allied Health Professions - The reviewers noted that this proposal is to utilize an already established center in a remote 17-county area in Southwest Iowa. The entire physician population is 210, mostly general practitioners 19 hospitals with approximately 1,100 nursing service employees, all types.

Some of the reviewers had first hand knowledge of the devastating work schedule for the remote practitioner leaving him little time to obtain current knowledge. This proposal through the use of single concept movie films and special projectors will establish local community hospitals as continuing education centers for both physicians and nurses. It was noted that the request for equipment is high in the first year. The average cost of providing the service would be \$300 per year per physician if all physicians participate. This was considered a feasibility study in which seed money is requested to initiate a program for which non-Federal support is planned at the completion of the three-year period.

The reviewers concluded that this was the Region's attempt to provide continuing education activities for physicians and nurses in a remote area outside the shadow of a medical school.

The reviewers believed that the program should be supported for the period requested. However, the reviewers further suggested that the Region

seriously assess the first year's progress report as it pertains to:  
(1) the number of users; (2) the number of showings; (3) some concrete evidence that this type of activity is related to the enhancement of patient care.

Miss Elizabeth E. Kerr was not present during the deliberations of this project.

RMPS/ GRB 10/28/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

KANSAS REGIONAL MEDICAL PROGRAM  
RM 00002 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$487,888	\$274,837
2nd Year	420,654	281,498
3rd Year	447,396	299,641
<u>TOTAL</u>	<u>\$1,355,938</u>	<u>\$855,976</u>

CRITIQUE: This Region's forte has been continuing education--34% of its program (including core) and almost all of its projects are oriented to continuing education and training. Previous reviewers have noted a fragmentation of project activity and a need at the regional level for committees or task forces in continuing education and allied health. Reviewers were not impressed with a significant redirection in this area in the present submission. Three of the projects in the present application are continuing education oriented. Of these, two are nurse training only, and in one of these, no nursing input is discernable in the development of curriculum or project evaluation. In the third project, little coordination between the nurse and physician training is evident.

Committee was pleased with the strong regionalization efforts. Sub-regional offices of core are almost fully staffed and are beginning to provide better liaison between the communities and the RMP. Projects #42 and #43 are both area-based projects. Reviewers cautioned the Region, however, against taking a completely one-by-one approach to developing projects and encouraged the central staff to promote effective communications among the subregions.

This Region will submit its AR application with a developmental component request on February 1.

Project #40 - Comprehensive Nephrology Training Program. Committee was impressed with the project's comprehensive nature and with its training aspects, but did not believe the project, on the whole, merited support. Basically, the proposal is a UKMC-centered project with little attention paid to resources throughout the state or in neighboring areas. The equipment and personnel also appeared out-of-line for a beginning program. Some reviewers were concerned about the capability of patients to pay for the increased prices, but it was pointed out that the Kansas State Legislature has recently passed a bill which provides for financial assistance to dialysis patients.

This proposal's final recommendation will depend, however, on the kidney policy to be discussed and adopted by Council.

Project #41 - Cancer Information Service. Committee noted that the Region has been slow in developing a cancer program. This project represents an attempt to get started in this disease category, as well as the Region's first major effort in information data gathering. Committee believed that support of the project was warranted providing the project staff investigate other cancer registry coding systems, since with the large number of these already in existence, there seemed to be little need to develop another one just for this project.

Project #42 - Cancer Care Continuing Education Program. This project is a prime example of the need for better coordination among the professions. The program provides courses for only nurses, while the project's advisory body contains only physicians. The Committee's belief that support is warranted was motivated to some extent by the paucity of projects in cancer and the sanctioned move to the sub-regional areas.

Project #43 - A Model Rehabilitation Project. Although this project was also subregional in nature, the reviewers doubted that the project's goals could be accomplished in one year. There was also little evidence of input from the outlying hospitals, St. Luke's and Kingman's, in direction of the program.

Project #44 - A Nurse Clinician Program. This project represents KRMP's plan for better utilization of present manpower, rather than adding new types to the system. It was pointed out that the project has the strong recommendation of the medical community, but there was concern about the acceptance of the nurse clinician by her professional peers with a master's degree from the course. Committee strongly supports this project and recommends its inclusion in the Region's program.

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MAINE REGIONAL MEDICAL PROGRAM  
RM 00054 (AR-1-CDE) 11/70

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Approval as requested subject to the concurrence of  
of the site visit team.

YEAR	REQUEST	RECOMMENDED FUNDING
1st Year	\$411,189	\$411,189
2nd Year	\$318,655	\$318,655
3rd Year	\$252,256	\$252,256
TOTAL	\$982,100	\$982,100

CRITIQUE: The Review Committee was impressed with the six Regional goals developed by Maine, their priority ranking by the Regional Advisory Group, and the way in which the Region has shown the relationships between ongoing and proposed activities and the Regional goals. It was the reviewers consensus that the unique demands of this Region (sparse population, few health personnel, and no medical school) are well addressed by the Regional priorities. The Regional Advisory Group appears to have assumed a strong role in decision making and in developing the overall program. The Coordinator was seen as a key figure in the Region's progress. The reviewers were in agreement that the developmental component and two supplemental activities should receive a recommendation of approval as requested, subject to the concurrence of the October 26-27 site visitors.

Developmental Component: The reviewers thought that the Maine Regional Medical Program was more than ready for a developmental component and that the Region would use it well. The maturity of the RAG and the clear linking of developmental activities to Regional goals were among the reasons for this decision.

Project #18 - Nursing and Allied Health Personnel Continuing Education Project. The reviewers noted the congruence of the project with Regional goals, and they were pleased to see the Region address itself to the continuing education needs of health care personnel other than physicians.

Project #19 - Interactive Television Project. This proposed activity was looked on as being particularly exciting because it is for the demonstration of a technique which will find eventual use in Maine's new medical school.

GRB/RMPS  
10/28/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MARYLAND REGIONAL MEDICAL PROGRAM  
RM 00044 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st Year	\$ 37,135	\$ 37,135
2nd Year	35,903	35,903
3rd Year	37,184	37,184
TOTAL	\$110,222	\$110,222

CRITIQUE: The Review Committee noted that the Maryland Region will submit its first Anniversary Review application for consideration during the January/February 1971 Review Cycle. It is highly probable that the application will contain a developmental component.

The Committee considered the "pink" component sheet which indicated that 45% of the Region's current funds are being expended on Demonstrations of Patient Care; 14% on Training and Education; 5% on Research and Development; and 36% for Core Administration and Planning.

It was also pointed out that this Region has a history of the lack of strong and sustained leadership. However, the newly-appointed Program Coordinator is evidently attempting to shore up and make more effective the local review system utilized within the Region. This was evidenced in the submission of this application. Members of the Review Committee commented that the first step in the right direction has been taken in that transcripts of two local Review Committees plus the RAG chairman's letter indicated that "someone is obviously looking at these applications now."

Project #31 - Rheumatic Fever Prevention - Department of Pediatrics, Sinai Hospital of Baltimore. Members of the Review Committee noted that this proposal had been reviewed by the Regional Heart Committee and the Committee on Epidemiology and Statistics and represented a cooperative effort on the part of the sponsoring institution with the Heart Association of Maryland, the State Department of Health, Model Cities Program and the

Baltimore City Health Department. It deals with a form of heart disease for which there are proven methods of prevention. The primary target group is to be those people in which most of the new acute cases of rheumatic fever occur, namely, the residents of inner-city Baltimore.

The Committee believed this to be a program which fits the RMP goals and is in line with the present national priorities.

Doctor Leonard Scherlis was not present during the deliberation on this application.

RMPS/GRB  
10/28/70



SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

METROPOLITAN WASHINGTON REGIONAL MEDICAL PROGRAM  
RM 00031 11/70.1

FOR CONSIDERATION BY THE NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not to be provided

YEAR	REQUEST	RECOMMENDED FUNDING
1st Year	\$175,650	- 0 -
2nd Year	189,443	- 0 -
3rd Year	203,469	- 0 -
TOTAL	\$568,562	- 0 -

Critique: Committee noted the Region will submit an entire Anniversary Review Application including the developmental component by the November 1, 1970 due date for consideration by January 1971 Committee and a site visit will be conducted in November or December 1970.

In the absence of specific information by the applicant as to how this application relates to and complements the Region's overall program, Committee was forced to rely solely on the Staff pink sheet for an overview. Although Committee found the Staff overview to be helpful, it expressed a need to know how the application relates to the Region's strategy and program goals, and on what bases it was approved by local reviewers.

Project #38 - Continuing Education for Inactive Nurses. The Committee questions the validity of the basic premise behind this proposal, i.e., that providing continuing education courses will induce inactive nurses back to nursing. In fact, the Committee noted that the Region's own survey tends to confirm the experience of other areas - that other factors are the barriers to recruiting inactive nurses - the high costs of child care, for example. It was brought out that the Labor Department has concluded that this approach is unproductive in increasing the nursing manpower pool and is no longer funding this type of project. Even though the budget requested is modest and the project has involved a number of individuals from the Region's academic institutions, the Committee believes the Region should be advised to devote staff time and local

resources in exploring other possible solutions. The Committee suggests that the December site visit team explore this issue further, particularly in relation to the Region's technical review, evaluation and priorities.

Committee noticed that after two years of operation, Project #2R-Cerebrovascular Disease Follow-up and Surveillance System, has succeeded in collecting a substantial amount of data which appears in this report. It was disappointed, however, to find that as yet the data has not been used to achieve better care of the stroke patient. Concern was expressed as to how long it would take before patient care results would be affected. Some questions were raised as to whether this is the most practical way to collect the data. Committee somewhat disappointed with the accomplishments thus far, recommends this request for renewal not be approved at this time, but that the team of the upcoming site visit gather additional information, about the project results and potential, for consideration by the January Committee.

GRB/RMPS  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MICHIGAN REGIONAL MEDICAL PROGRAM  
RM 00053 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$104,353	\$104,353
2nd Year	146,050	146,050
3rd Year	153,900	153,900
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TOTAL	\$404,303	\$404,303

CRITIQUE: The Review Committee noted that the Michigan Regional Medical Program will submit its first anniversary review application for consideration during the July/August 1971 Committee/Council. In addition, it may exercise an option and submit several supplemental operational proposals for the January/February 1971 review cycle.

The Committee considered the "pink" component sheet which gave an overall impression of a rather well-balanced program. Twenty-six percent of the Region's funds are allocated to training and educational activities; 15% are in the demonstration of patient care area; 6% in research and development and the remaining 53% of funds are in the administration and planning functions of the region. The unusually low number of disapproved projects gave members of Committee the impression of good critical local review processes. Each proposal is accompanied by a detailed pro and con review conducted by MARMP staff, a Technical Review Committee and the Regional Advisory Group.

Project #29 - Demonstration and Teaching of Specialized Care of Stroke in a Generalized Hospital - The Review Committee was interested in the fact that the Michigan Region has developed a comprehensive regional stroke plan. The hub of the Region's stroke activity is vested in an RMP funded project, Stroke Base Center - Wayne State. This proposal would be conducted in cooperation with the center. The Committee noted that the activities of this project would be primarily centered in a large inner-city voluntary hospital. The outreach to concerned physicians and institutions would extend to both osteopathic and medical physicians and the patients they serve all over the Greater Detroit Metropolitan Area.

The Committee believed this to be an excellent proposal which has received in depth local review and which would add to the priorities, goals and objectives of the Region.

RMPS/GRB 10/27/70

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MISSISSIPPI REGIONAL MEDICAL PROGRAM  
RM 00057 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

Year	Request	Recommended Funding
1st Yr. (18 mos.)	\$125,265	- 0 -
2nd Yr. (12 mos.)	90,100	- 0 -
TOTAL (2½ yrs.)	\$215,365	- 0 -

Critique: As noted by the Review Committee, this region is in its second operational year. The current approved funding level is \$975,187 (d.c.o.) and \$966,160 was recommended for the third year for continuing support of core and seven projects. Sixty-two percent of the current funds are for categorical disease projects, cancer with the least and none for kidney diseases. Most of the project funds are education oriented. It was also noted the MRMP's Anniversary Review application is scheduled for the February 1971 deadline, and will contain continuation and supplemental applications as well as a developmental component.

The Committee recognized the difficulty in program review and assessment of this application in the absence of total perspective of the Region's goals, objectives, priorities and progress. Also, the merit of RMPS's support of the continuation of cervical cancer service projects previously supported by 314 (e) funds is a matter which may be appropriate for Council consideration. The reviewers believed that the value of cervical cytology as part of routine medical care workup for adult women has been demonstrated unequivocally, and efforts at this time should be directed towards its inclusion in third party payments. Since the application does not include follow-up information about those already screened, e.g., histology results, clinical diagnosis and treatment which the Committee believed was essential for adequate technical evaluation of the activity.

GRB/RMPS  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MISSOURI REGIONAL MEDICAL PROGRAM  
RM 00009 , 11/70.1

FOR CONSIDERATION BY NOVEMBER, 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$ 391,728	\$ 47,480
2nd Year	292,026	47,708
3rd Year	267,510	50,259
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Total	\$ 953,264	\$ 145,447

CRITIQUE: The reviewers were faced with a dilemma in making a recommendation on this application. On the one hand, they saw that the Region has been attempting to follow the advice of the site visitors and Council concerning deemphasis of the Columbia-based computer and bioengineering projects and the need for increased attention to other areas of the Region, including Kansas City. The present application contains a subregional project (#65), a request for increased support for the Kansas City core and a proposal which would make a biomedical instrumentation service available to outlying hospitals (#64), as well as the resubmission of a regional blood inventory system. The first two proposals, then, are in direct response to national concerns about the Missouri Program, and the third, while still based at the UMMC, also seems a step in the direction of regionalization.

On the other hand, however, Committee expressed serious concern with the type of activity for which the Region was requesting support in each project. For instance, in the Green Hills Cooperative Health Core Project, reviewers were disturbed that RMP support was requested for equipment, staffing for provision of service and the communications service, whose main purpose was to permit centralized cost accounting, billing, purchasing and inventory. These services, reviewers stated, should be underwritten by the hospital, not by RMP. As far as the core supplement was concerned, it seemed that the core had not defined its needs and that the Kansas City core was taking on too great a variety of problems, from assisting the state medical society in formulating a peer review mechanism to initiating a Problem-oriented Medical Record System in community hospitals. Committee thought that the central core personnel should provide greater direction and definition of regional goals to the Kansas City office.

As for the blood inventory system, committee reiterated previous reviewers' conviction that there are other better sources of funding for this type of activity. Thus, although the Missouri RMP has an adequate technical review process, it appears that more attention on the part of core and the RAG should be paid to what RMP funds should most appropriately support. In making its recommendation, Committee kept in mind the fact that the MRMP will be submitting their AR application in February 1, 1971 and thus will be able to include any returned projects in that submission. Consequently, funds were included for project #64 only. Realizing the communications problem that could arise from such actions, Committee also requested that a staff visit be made to communicate these concerns.

Project #64 - Biomedical Instrumentation. This project would serve a valuable role to hospitals at the mercy of equipment manufacturers. There is evidence of hospital participation and the plan is comprehensive. The project also appears to be compatible with the overall goals of the Missouri Program.

Project #65 - Green Hills Cooperative Health Care Project. While Committee was pleased with the effort to cohesse small hospitals in the Green Hills area, they could not endorse the use of RMP funds for staff providing patient services, equipment, and cost accounting systems. Since the MRMP considers this project as a model for further community-based projects, it is particularly important to let the Region know that while this involvement is desirable, the types of activities for which RMP are requested are largely inappropriate. RMP funds would more validly be requested for planning, training and evaluation.

Committee would be interested in seeing the Region's response to these concerns in their AR application.

Core Supplement: While this request would represent a clear extension of the Missouri program into an urban area and greater involvement with the new medical school in Kansas City, Committee recommended that the Region focus on a smaller universe of needs and that the MRMP central core provide assistance in the definition of these needs.

Project #66 - Regional Blood Inventory System. Although the supply of blood is an important problem, Committee expressed the belief that this may not be an area where RMP is best equipped to do the job. In addition, there was no recognition of the use of blood components or of the critical tie-in to research of this type.

Dr. Mayer was not present during Committee discussion and action on this application.

GRB/RMPS  
10/28/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM  
RM 00032 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>Year</u>	<u>Requested</u>	<u>Recommended Funding</u>
1st	\$300,671	\$300,671
2nd	293,204	145,334
3rd	301,734	148,357
TOTAL	\$895,609	\$594,362

Critique: The Committee had little or no information on which to evaluate the components of this application in relation to the Region's overall program goals and objectives. The reviewers, however, were favorably impressed with the application in most aspects. All projects were considered to be of high quality and important to the program's regionalization plans. Particular concern, however, was expressed over the renewal of the CCU Training in Hospitals in the Region - Project #2R. It was noted that this project is in its third year and requests support for an additional three years. Although the application states that during the fifth and sixth year planning will be intensified for the transfer of this project to Montana State University and to the University of Montana, there are no statements as to why it has not yet been transferred, or the attempts that have been made to transfer the project to the Universities. The majority of the Committee believed the project should be funded for one additional year only and thereafter supported from other sources. One member, while agreeing with the theory of phasing out RMP support, believed that it was unrealistic to expect that support of the project would be picked up by local sources at the end of the next year. He was concerned that the lack of support would result in the termination of an excellent program, and physicians and nurses would then have to seek training outside the Region, and the many other benefits of this program would be lost. The Committee agreed that this is an excellent program and one of great importance to the RMP. In view of the past practice of RMPS, encouraging eventual phase out of RMP support of individual projects, the Committee sustained its belief that the RMP should fund this project for only one more year. However, the Committee requested that the National Advisory Council provide policy guidance on the phasing out of RMP support of excellent programs such as this one.

There were no concerns expressed about the other two components, #14 - Rehabilitation in Nevada and #15 - Continuing Education for Nurses.

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM  
RM 00058 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$881,353	\$400,000
2nd Year	698,355	250,000
3rd Year	557,409	-0-
Total	\$2,137,117	\$650,000

CRITIQUE: The Review Committee had difficulty reviewing this application in context with the program because regional goals, objectives, priorities and review processes were not presented in this supplemental application.

Committee expressed concerns over the difficulties the NYM/RMP has in getting the medical schools of that Region working cooperatively. This complex problem seems to be a major contributor to this Region's difficulties in establishing programs on a regional basis. It is indicated on the pink sheet that 39.5 percent of this Region's funds are being utilized in the area of education and training. There is however, no indication that each of these components are part of a total regional plan.

Project #20 - A Demonstration Project Establishing a Regional Program of Instructor-Consultants at Extended Care Facilities.

Committee believes that this proposal is well planned and will give outreach to the NYM/RMP. Committee encourages support of this proposal and advises the Region to secure assurances that the instructors will have time to do the training and that the extended care facilities are willing to give their staff time off from work to receive training.

Project #21 - Eight Cervical Cancer Detection Programs.

Committee believes that the National Advisory Council should take a position regarding the appropriateness of utilizing RMP funds to



pick up support of former 314 (e) CHP cervical cancer service programs. Committee does not believe that RMP funds should be utilized for their support because their value has been demonstrated and they are primarily service oriented programs. The services rendered by these demonstration programs should now be phased into the existing health care system of a community. Support for these services should be absorbed by local resources or by systems of third party payment. A good indication that these programs have already demonstrated their value in New York State is that cervical cytology is now a routine requirement for in-and out-patients admitted to a number of hospitals. The State of New York has raised its hospital code requiring cervical cytology as a routine admission procedure on women between 25 and 54 years of age unless medically contraindicated, or the test has been performed within the previous three years.

If Council decides that the RMPS will participate in the support of cervical cancer programs, Committee recommends that a study be incorporated in New York to investigate how a community can secure support from local resources and/or third party payment. Pending Council's decision, Committee recommends \$150,000 be approved for one year support of these eight projects providing the Region submits a detailed proposal describing how it can accomplish the above-mentioned study.

Project #22 - A Proposal for a Continuing Education Center at New York University. Committee expressed interest in this program because it is contrary to the traditional coronary care training which prepares RNs to function only in intensive care units. This program will prepare nurses to be knowledgeable about all phases of cardiovascular disease and to function effectively in any phase of the illness and clinical care setting of the hospital. It also proposes to train the licensed practical nurse, thus increasing manpower utilization.

Committee did express concerns about this and other continuing education programs of this Region because each proposes to set up its version of a regional program. The Region needs to identify how this and other C.E. programs fit into a regionalized system. Committee recommends the utilization of RMP funds for its support.

Project #23 - Education and Training in the Rehabilitation of the Cancer Patient. Committee believes that the education and training activities proposed by this program have merit and recommends the utilization of RMP funds for its support. Committee, however, believes the Region should be reminded that the geographic coverage of this program is inter-regional and encourages the Region to clear the program with other Regions and keep them informed of the scope of this project.

Project #24 - A Feasibility Exploration and Demonstration Project in the Development of the Home as a Health Care Facility.

This project is a resubmittal of a proposal which was site visited in February 1970. There are few changes in the revised proposal, instead the Region has chosen to rebut the concerns initially expressed by

Committee and Council. Committee reemphasized many of the same concerns it had stipulated in the initial review of this proposal. (These are identified on the yellow sheet.)

Committee strongly advises the Region not to utilize RMP funds to support this program as proposed. If this is a high priority program for this Region, Committee suggests funding at a reduced level as a demonstration program to study the issues identified by Council.

RMPS/GRB/11/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM  
RM 00063 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st	\$256,020	-0-
2nd	633,000	-0-
<u>3rd</u>	<u>901,086</u>	<u>-0-</u>
<u>TOTAL</u>	<u>\$1,790,106</u>	<u>-0-</u>

CRITIQUE: The Review Committee noted that the Northwestern Ohio Regional Medical Program will submit its first Anniversary Review Application during the April-May 1971 Committee/Council and will include the continuation request, possibly six new operational proposals and a developmental component.

The reviewers commented briefly on the site visit team findings regarding the weak and unsatisfactory administrative management within this Region. In addition, they expressed some concern over the lack of program outreach. Most of the program activities appear to be concentrated in the Toledo area, with minimal involvement in the Lima and Sandusky areas, while the remainder of the Region appears to lie dormant.

The reviewers also considered the "pink" component sheet noting that 57% of the Region's funds are allocated to training and educational activities and the remaining 43% in the administration and planning functions.

Project #18 - The Establishment of Multiphasic Health Screening in Northwestern Ohio. The Review Committee noted that this was an extensive and ambitious proposal involving a number of organizations including the Northwestern Ohio Regional Medical Program, Medical College of Ohio at Toledo, Health Planning Association of Northwest Ohio, Toledo Model Cities Program and the City of Toledo Board of Health. The primary population of the screening program will be derived from four groups: (1) hospital admissions; (2) low income families; (3) private patients; and (4) members of industry. Both permanent and mobile testing units are proposed. It was noted that the methodology for achieving the stated objectives should be more fully explained. The proposal failed to describe in sufficient detail how the project would serve as a regional resource for demonstration, training and consultation. It was believed that there

should be better evidence of the cooperation of the community physicians and an indication that they (the physicians) would be adequately prepared to treat some of the positive screening yields.

The reviewers expressed concern regarding RMPS involvement in funding multiphasic screening projects and thought that unless there is some utility in further investigating the value of multiphasic screening, the Region should be advised not to become involved in concepts that RMPS is not sure will work. It was further indicated that Multiphasic Screening should probably be under the auspices of the National Center for Health Services Research and Development Branch which is currently involved in studies to determine the value of Multiphasic Health Screening.

Project #19 - Longitudinal Study of Attitude Changes in Physicians. This is a proposal involving a 15-year investigative study which was begun in 1966 by the proposed Project Director (under a grant from the National Center for Chronic Disease Control, at Loyola University). This request is to extend the cooperative study and is to be headquartered at the Medical College of Ohio at Toledo. The study involves seven other medical schools with special emphasis on Memorial Hospital for Cancer and Allied Diseases, N.Y.C.

Although most of the reviewers thought that the proposed project director appeared knowledgeable in the field, (based on previous publications on attitude scales) and that this might very well be a worthwhile investigative effort, they expressed grave concerns about supporting this type of activity with RMPS funds, and failed to see this as a priority for this Region's priorities. It was the consensus that such an investigative venture should be placed in a program such as the Bureau of Health Manpower or the National Center for Health Services Research and Development Branch.

DRMP/GRB  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

NORTHLANDS (MINNESOTA) REGIONAL MEDICAL PROGRAM  
RM 00021 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$54,059	\$54,059
2nd Year	30,835	30,835
3rd Year	30,335	30,335
Total	\$115,229	\$115,229

CRITIQUE: The program emphasis of this Region has been in Training and Education. This is reflected on the pink sheet where it indicates that 39.9 percent of their present funding level is being utilized for this purpose. The proposal submitted in this application is the fourth demonstration of patient care type of activity submitted by this Region. The previous three proposals were disapproved by the Regional Medical Program.

Project #19 - A Proposal for a Mobile Health Unit.

The Review Committee believed that this demonstration project could help to meet the health needs of the rural relatively deprived areas of this Region. Committee, however, expressed concerns over the little time or effort indicated in the application for the Medical Director (5%) and Nurse Coordinator (25%). Committee believes that for the program to succeed, the Medical Director must devote to the project at least 25% of his time and the nurse at least 50% of her time. Committee encourages the funding of this project with the advice that the time of both the Medical Director and Nurse Coordinator be increased as indicated above.

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

OHIO STATE REGIONAL MEDICAL PROGRAM  
RM 00022 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COMMITTEE

RECOMMENDATION: Additional funds not be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st	\$295,231	-0-
2nd	266,739	-0-
3rd	277,291	-0-
4th	270,398	-0-
5th	282,914	-0-
TOTAL	\$1,392,573	-0-

Critique: Referring to an outline of funded and unfunded projects presented in the Summary the Committee noted that, with their recommendation on this application, only three of the last 13 projects submitted by this Region had been approved for support; two of these were renewals. It was felt such a record does not reflect well on the local review process or the RAG. In addition, it was noted no information is provided on the local review of this application which might provide some insight into the problem.

While project #25 of the application is related to one of the Region's main objectives no information is provided showing relationship of the second project #26.

Committee had a number of concerns regarding Project #25 - Continuing Education in Respiratory Disease Prevention and Therapy. The Committee felt this was a diffuse proposal, with activities ranging from training allied health personnel to Air Pollution Conferences. The training outlined is minimal, poorly thought out and not impressive from an educational standpoint. The validity of the projected attendance figures for the programs were questioned, in that they were predicated on a survey which does not support such a projection. It was felt that with their busy schedules, physicians will not accept the eight-hour programs planned for them. The equipment budget appears excessive. Every type of resuscitation model now used in local hospitals is requested. Concern was expressed over the qualifications

of a respiratory therapist and registered nurse to serve as instructors. The Committee believes this proposal needs complete replanning and does not recommend funding from any source.

In relation to Project #26 - Cooperative Development and Improvement of Health-Related Volunteer Services, the Committee believed the improvement of patient care through the use of volunteers to be of questionable value. The projects' relation to regional objectives is unclear. The Committee does not recommend additional funding be provided to the Region for this activity; this does not preclude rebudgeting by the Region, however.

RMPS/GRB/10/30/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

OHIO VALLEY REGIONAL MEDICAL PROGRAM  
RM 00048 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$289,162	\$139,523 <u>1/</u>
2nd Year	270,002	153,325 <u>1/</u>
3rd Year	275,711	159,704 <u>1/</u>
4th Year	87,946	87,946 <u>1/</u>
<hr/> TOTAL	<hr/> \$922,821	<hr/> \$540,498 <u>1/</u>

1/ Precludes use of funds for Project #19.

CRITIQUE: Committee noted that this application is for the most part consistent with the Region's current first priority thrust which is "The development and more effective utilization of health manpower for the delivery of improved ambulatory care." Two of the three components of the application, however, appeared to have equally strong, if not stronger, activities in "Demonstration of Patient Care", as was observed from the diagram on the pink sheet. It was also noted from the pink sheet that all three components are related to specific disease categories while the bulk of the present support is either multicategorical or general in nature.

Although Project #19 - Pre-Stroke Diagnostic and Treatment Evaluation Clinic appears to fit into Regional objectives, the Committee had a number of questions about its appropriateness for RMP funding. Is the ultrasonic scanning technique sufficiently developed for demonstration or is it still in the investigative stage? If the latter, the Committee was not impressed with the study design. If the former, income generated from the service is not mentioned. The need for the on-line computer was also unclear. The Committee felt that additional information was needed about how this project survived local review. The Committee could not recommend approval of an untried research activity.



The Committee was favorably impressed with Project #20 - Renal Dialysis Technologist: it is consistent with the Region's objectives; it meets a recognized need both for the Region and nationally; the curriculum is well designed; commitments for employing the trainees have already been obtained; and the functions of the new health professional have been delineated. Some reviewers questioned, however, whether creating a new type of technologist was the desirable approach or whether additional training of nurses wouldn't be more practical. The Committee is concerned with the effect the proliferation of health professions may be having on patient care. The Committee urges Council to consider further delineation of its policy on new health careers, to assure that RMP funds are not being used to fragment patient care further.

Committee observed that Project #21 -- Regional Pediatric Heart Clinics, although it indirectly relates to the Region's stated objectives, is more closely associated with service and coordination activities. The service aspect of the program was not clearly defined and the relationship to other child health programs is unclear. The coordination aspect, however, was considered to be a badly needed activity which would serve to integrate the various programs between the three universities. The Committee concluded that the service aspect of the program should not be supported but that the highly desirable coordinating activity is worthy of support in the amount up to \$75,000. The Region should be advised to develop coordination with other programs serving children.

GRB 10/28/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

OKLAHOMA REGIONAL MEDICAL PROGRAM  
RM 00023 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st Year	\$152,461	--0--
2nd Year	\$487,003	\$42,104
3rd Year	\$394,520	--0--
TOTAL	\$1,033,984	\$42,104

Critique: In the absence of documentation, Committee was unable to understand how this application fits into the Region's strategy and overall goals, or on what basis the three components were approved by the local reviewers. In addition, the application provides no information showing the relationship of the three new projects to those currently being supported.

Committee found Project #11 - A Proposal for a Regional Pediatric Program with Initial Emphasis on Indian Children to be vague, global in nature, with the goals sketchily outlined. It was also believed to be diffuse with little categorical emphasis. The program for training the physicians of the Indian hospitals appears impractical in that much of it would take place at the university hospital and would involve the use of sophisticated equipment which would not be available at the Indian hospital for practical application. In addition, doubts were expressed that this aspect of the program would have any significant influence on the improvement of care, since the physicians being trained have only two-year commitments and would rotate out of the Indian hospitals and the community at the end of that time. The idea that some physicians could somehow be influenced to remain was considered unrealistic. With the extreme malnutrition problems among Indian children, Committee felt more attention should have been devoted to that aspect of the project. Although Committee was sympathetic to the needs of the Indian, in particular the Indian children, and considered programs directed

toward this group of high priority, it was not convinced that this project as presented is a good approach toward meeting those needs and support is not recommended.

The Committee believed that Project #12 - Oklahoma Regional Program to Promote Early Diagnosis of Breast Cancer Phase II: Thermography, was inappropriate for RMP support, since it seemed to involve clinical research. Reviewers were under the impression that thermography, unlike mammography, had not been established as an accepted diagnostic aid.

Committee noted that after 1½ years of operation Project #4R - Continuing Education Program for the Enid Area, appears to have created substantial local involvement and is making a significant contribution to what the RMP has defined as objectives. Committee concurred support should be continued for the third year, but that the Region should be notified that this will be the final year of RMP support, and fourth year support must be sought elsewhere.

RMPS/GRB 10/29/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

PUERTO RICO REGIONAL MEDICAL PROGRAM  
RM 00065 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$456,036	\$100,000
2nd Year	485,007	100,000
3rd Year	720,917	100,000
<b>TOTAL</b>	<b>\$837,115</b>	<b>\$300,000</b>

CRITIQUE: The Committee noted that Puerto Rico had been planning a regional program for the past 20 years, that RMP operational funding had been available too short a time to see any results and that one of the main needs noted by the site visitors last year was to initiate activity outside of San Juan in the subregions.

CORE SUPPLEMENT: The Committee felt this request for additional staff was either an attempt to get a "piece of the action" from the health department or to set up an activity duplicating the health department data activities. The Committee suggested that the Region be advised that RMPS is heartened at the interest in program evaluation and urges them to continue to utilize Mr. Praxedes Norat in RMP planning and evaluation. Although the Committee does not recommend additional funds at this time, the Region should be free to rebudget some portion of funds to assure a coordinated data.

Project #12 - Inter-Agency for Cancer-Mayaguez. The Committee noted that a center is proposed for the western portion of the island where services are needed. They were concerned, however, about whether enough trained people would be available to carry out the proposed activities. The Committee does not believe the RMP should support all of the full-time staff requested which would seem to represent total staff needed to maintain a major referral center. Also, the number of community organizers proposed seemed excessive for full RMP support. The Committee believes that income generated from center activities should be utilized to support the project. The Committee recommends funding this activity at \$100,000 for each of three years with staff follow-up to assure that income generated is used in the project.

Project #13 - Early Detection of Carcinoma of Uterine Cervix. The Committee noted that this project had been supported for some time by 314E funds, and before that by cancer control grant funds. Three years of additional support is requested from RMP after which the health department will support the program. As with other cervical cancer service projects, the Committee urges Council to make a uniform policy regarding RMP support of a service activity which has long passed the demonstration stage.

DRMP/GRB

10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM  
RM 00035 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

Recommendation: Additional funds not be approved for this application.

Year	Request	Recommended Funding
1st Year	\$116,520	- 0 -
2nd Year	94,509	- 0 -
3rd Year	99,509	- 0 -
4th Year	72,134	- 0 -
5th Year	57,850	- 0 -
TOTAL	\$440,505	- 0 -

Critique: Although the Committee observed that the applicant states this application " is an integral part of the overall State program for cancer as it has been projected to date", no information is provided showing what the strategy of that program is, or how this application fits into the overall goals. In addition no information is provided to show the relationship of this application to the six ongoing cancer programs which are being supported currently at \$459,750 by S.C.R.M.P. and represent 36% of the funding (see pink sheet). In the absence of this information, Committee questioned the basis on which this application was recommended for approval by the local reviewers.

Committee noted the application consists of one component - #38 - Professional Education for Early Diagnosis of Head and Neck Cancer which was reviewed during the March 1970 Review Cycle and returned for revision. Although the revised version clarifies some of the points for which it was returned, Committee believed the basic design remains the same, which is to establish a Head and Neck Clinic in the University Dental School. Although the project is billed as an education program for physicians and dentists of the Region, this activity appears to represent only a minor aspect of the program. Based on these observations, Committee concluded the application is inappropriate for support in that it is excessively expensive, too centralized and fails to emphasize the more appealing aspect of the program, i.e., practicing physician and dentist education.

GRB/RMPS  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM  
RM 18-04 (AR-1-CSD) 11/70

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommended that this application, which requests: 1) renewed support for Core activities and 5 projects; 2) continued support for one project; 3) support for 16 new projects; and 4) a Developmental Component program, be partially supported as follows:

<u>Year</u>	<u>Request</u>	<u>Recommended Funding</u>
1st Year	\$3,295,261	\$2,410,000 <u>1/</u> <u>2/</u>
2nd Year	3,197,103	2,190,000
3rd Year	2,981,631	2,190,000
<hr/>		
Total	\$9,473,995	\$6,790,000

1/ (Support for Project #32 - Medical Nurse Specialist Program is precluded by RMPS policy which prohibits funding of activities designed principally to qualify one for a degree, diploma, or board certification.)

2/ (Although this amount includes funds for support of activities described under the Developmental Component section of the application, the Committee does not recommend approval of the Developmental Component as such. Further, funds provided the RMP for these activities should be "earmarked" as such.)

CRITIQUE: In its deliberation, the Committee accepted the Site Visit Report, Tennessee Mid-South RMP, October 1-2, 1970. This Region has many strengths and much potential. A major weakness, however, is the inability of the RAG to deal with the problem of project selection and approval in relation to the Region's goals and objectives. The Regional impact for the large majority of the proposed projects was not clear. It appeared that projects are developed, reviewed and given a relative priority on an individual basis, and then are related to whatever Regional goal seems most appropriate. In view of this weakness in the RMP's decision-making process, the request for the developmental component could not be totally endorsed.

Another problem noted with the Region was that the goals and objectives seem to be based more on background information rather than hard data. The Region is in the early planning stages of developing a common data base in cooperation with other health agencies.

The Committee was encouraged to learn that since the previous review (January 1970) of this Region's total program, there has been a definite trend toward improving the organization and capabilities of the Core staff. There are much stronger relationships with the Medical Centers and other agencies and institutions within the Region. New ideas and an additional thrust for the program have been generated. The RAG is broadening its interest in a number of ways. Tremendous improvement was noted in the relationship between Vanderbilt and Meharry Medical Centers. Further, there has been considerable improvement in strengthening the area advisory groups, and area coordinators are much more active in assisting the local communities. A definite link has been established between the subregions and the RAG. A modest evaluation program is beginning to evolve within the Core staff and has a fairly firm base from which to grow.

In arriving at a recommendation, the Committee concluded that the Region should be permitted to further strengthen its Core staff so that more support can be given to the area advisory groups to help formalize the RMP concept in the subregions. Further, a strong Core staff is the only immediate hope for strengthening the RAG by providing it with hard data and leadership in planning and decision-making.

In addition, the Committee believed that the Region should be encouraged to further explore its Community Outreach Program which involves such programs as the Practice Assistance Model in a rural area and the Meharry and Vanderbilt student coalition and faculty activities in Appalachia. The Committee found itself in a quandry since these types of activities were proposed under the Developmental Component and approval of this Component should depend a great deal in the effectiveness of the RAG in the decision-making process. On the other hand, the developmental part of the program represents a new and exciting thrust for the RMP, and there is strong evidence that the outreach programs have potential for success. Total disapproval of support of these activities would probably seriously hinder the new thrust. Support, therefore, was recommended for one year only. At the end of one year, it would be necessary for the Region to reapply for a Developmental Component if it so desired. The Committee believed that this recommendation would serve to encourage the RMP to further develop this new thrust, and still call attention to the weakness in the decision-making process.

As reflected in the site visit report, the degree to which projects should be supported presented a special problem.

In conclusion, the Committee recommended that the total program as presented in this application be supported at \$2,410,000 the first year; \$2,190,000 the second year, and \$2,190,000 the third year. Further, during the first year the funds allocated for the developmental activities must be used only for activities of that nature.

Dr. Luther Christman was not present during the discussion of this application.

RMPS/GRB  
10/29/70



SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

TRI-STATE REGIONAL MEDICAL PROGRAM

RM 62-03 (AR-1-CSD) 11/70

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: The Committee recommends approval of this application which included requests for: 1) developmental funds for three years; 2) renewal of core support for three years; 3) continuation of five on-going projects; and 4) supplemental funds for three years for two new projects at the following reduced amounts:

YEAR	<u>REGION'S REQUEST</u>			<u>COMMITTEE RECOMMENDATION</u>		
	DEV.	OTHER	TOTAL	DEV.	OTHER	TOTAL
03	\$ 240,469	\$2,404,685	\$2,645,154	\$147,000	\$2,114,685	\$2,261,685 <u>1/</u>
04	328,050	2,187,003	2,515,053	147,000	1,868,591	2,015,591 <u>2/</u>
05	445,495	2,227,477	2,672,972	147,000	1,896,035	2,043,035
TOTAL	\$1,014,014	\$6,819,165	\$7,833,179	\$441,000	\$5,879,311	\$6,320,311

1/ Includes \$469,859 continuation budget approved by staff.

2/ Includes \$60,209 commitment for one on-going project.

Critique: The site visit findings were presented to the Committee by the site visit chairman with several Committee members who had reviewed only the application, as the principal interrogators. The site visitors had found a dramatic change in the Tri-State RMP from its planning days which were fraught with inter-institutional concerns and lack of purpose. The site visit team attributed the change largely to the unique abilities of the coordinator, her deputy, and a young staff with diverse talents who had been recruited in the interim. The Regional Advisory Group had adopted a set of objectives and priorities which not only represented the coalition of interests in the Region but reflected forward thinking of National priorities. Through a series of small contracts, hospitals, medical societies and allied health groups had been drawn into regional developments. The key groups in the subregions - Eastern Massachusetts, New Hampshire, Western Massachusetts, and to a far lesser extent, Rhode Island - had become engaged in various facets of the program and subsequently, had become committed to regional goals.

Circumstances had prevented Tri-State from getting bogged down in many categorical project commitments, but the funded projects were being adapted and molded to recent regional goals. One proposed project, the East Boston screening program, was cited by the site visit chairman as a prototype of the Tri-State development. Two years ago, a portion of this project had been rejected for earmarked hypertension funds; now the original interests of the project director have been expanded to a broad-gauged screening effort for the poor in Boston, largely through the efforts of the Tri-State core staff and review groups.

The site visitors had found that relations with official health departments, comprehensive health agencies, medical schools, community hospitals and the DHEW Regional office had improved. There were gaps to be sure; for example, in formal relations with the schools, the medical society in Rhode Island and allied health groups throughout the Region, but the site visit team felt that sufficient evidence was presented to indicate that the gaps were recognized and skillful talent was being applied to correct the deficiencies.

The site visitors unanimously recommended that the Region be provided developmental funds of \$147,000 per year with the condition that the Region submit additional information about the process by which budget allocations will be reviewed and decisions made for small contract studies and activities. This important means for program testing, the team reported, needed more involvement of technical groups and the RAG, to assure excellence, to guard against pressures that will arise and to make certain these groups do not become too remote from the action. The team also felt that additional attention had to be given by the central staff, to ways to bring dissident groups in Rhode Island aboard, to study the continued effectiveness of the 67-member RAG, to developing standards of excellence for activities supported by contracts, and to developing meaningful evaluation of the effects of the small contract methodology.

The Committee questioned the site visit chairman about the RAG's role - is it really vital to this program and can it make the hard decisions for developmental funds without national review to fall back on. Some members of the Committee, for example, had reservations about some aspects of the new project proposals - their expense, feasibility, etc. The site visit chairman gave a qualified "yes" to both questions. The RAG is too big, but its membership is probably necessary to assure involvement of the sub-regions in regional goals. The RAG is adequately involved in review of large contracts and projects and has set up a technical review process to assure sound technical evaluation, but the site visit chairman reiterated the teams' concern about the RAG's involvement in small contract review and evaluation. It was difficult to prognosticate the future of this Region if either the coordinator or her deputy departed. However, good back-up staff and involvement and interest of the RAG's Steering Committee, and the Board of Directors, and the quality of other staff were good indicators that the program would survive. The

Committee concluded that the Tri-State RMP should be provided funding for the developmental component at \$147,000 per annum, increased core activities (although at a reduced amount) and the two new projects. They concurred with staff that committed funding for five on-going projects should also be made available to the Region. The Committee further recommended that RMPS monitor this program carefully as it develops to see if sub-regional sectional interests can be subverted to regional interests, to see if a regional program in the categorical disease areas is planned, accepted and implemented, and to keep abreast of program evaluation efforts.

Dr. Lewis was not present during the discussion of this application.

RMPS/GRB  
10/29/70

(A Privileged Communication)

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

WASHINGTON-ALASKA REGIONAL MEDICAL PROGRAM  
RM 00038 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$ 79,765	\$ 79,765
2nd Year	36,800	36,800
TOTAL	\$116,565	\$116,565

Critique: The Committee noted the extensive negotiation between staff, the project directors and the RAG concerning these two requests for continued support. The Alaska Medical Library, #9R, has provided an important link to Alaska physicians and RMP support should continue for one more year until State funding can pick up the services. The Medical Computer Services, #38R, also deserves two additional years of support. This project represents how the RMP has captured the interest of a unique resource and has molded his activities to regional needs.

RMPS/GRB  
10/27/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

WASHINGTON-ALASKA REGIONAL MEDICAL PROGRAM  
RM 00038 11/70.2

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

<u>YEAR</u>	<u>REQUESTED</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$ 858,501	-0-
2nd Year	824,253	-0-
3rd Year	627,016	-0-
TOTAL	\$2,309,770	-0-

Critique: The Committee noted that the State of Washington has a well-known renal diseases center in Seattle and that the application reflected a coalition of proposals from renal diseases experts from both Seattle and Spokane, the only two densely populated areas to be served by the program. It appeared to the Committee that the plan in this application had been developed by the renal experts with little input from the RMP core staff. In a sense, the full-blown plan looks imposed on the RMP. The application includes considerable detail about the eleven individual proposals, but it fails to provide any analysis of the options available in planning kidney service programs in this type of geographic area; i.e., the cost of relocating and rehabilitating patients in center population area as compared to diffusing services transplant to areas; or information on the distribution of potential recipients.

The program proposes to serve the Mountain States RMP as well as Washington and Alaska and coordinators are requested for both Seattle and Spokane. The Committee questioned the need for the two full-time positions. The necessity of a medical advisor was questioned when consultants and advisory groups are available. Many of the activities have merit, some seem questionable for RMP support, some seem questionable from a scientific viewpoint, and several seem unnecessary. The clinical training activities have merit, but the Committee requests policy guidance from Council regarding funding of clinical traineeships under RMP.

In the absence of regional alternative priorities for the renal program in the area, the inclusion of several debatable activities and the expectation that this RMP with its strong RAG, capable core staff and a well-known pool of renal diseases expertise should present a more realistic funding request, the Committee concluded that no funds should be recommended at this time. One reviewer felt that funding at a greatly reduced level might bring about the desired results more expeditiously and diplomatically, but the Committee concluded that no funding should be recommended at this time.

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

WEST VIRGINIA REGIONAL MEDICAL PROGRAM  
RM 00045 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

CONCLUSION:

<u>Project Years</u>	<u>ADDITIONAL FUNDS</u> <u>Requested</u>	<u>Recommended</u>
First	\$223,047	\$223,047
Second	259,496	259,496
<u>Third</u>	<u>189,375</u>	<u>189,375</u>
TOTAL	\$671,918	\$671,918

CRITIQUE: The Review Committee was impressed that this Region, in its first operational year, indicates progression in the right direction. The current approved level of funding is \$513,048 (d.c.o.). It was noted that the first Anniversary Review Application was scheduled for the August 1971 deadline, but the Region's optional plan is to submit combined continuation and supplemental applications for the November 1, 1970 deadline. Although they do not plan to include a developmental component in the early submission, they have the option to submit one for the August 1971 deadline. Although some capability for autonomous review and decision making is apparent, this can best be determined on review of a total application with the benefit of a complete backdrop of program information, particularly at the time of triennial review. The Review Committee noted the well organized way in which the application was prepared. The summaries of program accomplishments, and review comments were helpful to the Committee in relating the present application to the total program.

The Committee expressed some concern that the anticipated number of physicians to be involved in the "Self Audit Physician Education" project might be overly ambitious. RMPS Continuing Education Branch staff reported on their assistance to the project through its planning stage which began as a feasibility study during the WVRMP's second year planning phase. Outside consultation from those with expertise in self-audits was utilized in planning the program and some pilot experience has been gained. The project, having gained the support of West Virginia Medical Association, has had wide publicity and its goals are realistic, according to staff. Although the Committee recommended approval in the amount requested, it suggested that support in future years be reduced proportionately if the anticipated enrollment is not attained.

RMPS/GRB  
10/22/70

SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM  
RM 00013 11/70.1

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds not be provided for this application.

YEAR	REQUEST	RECOMMENDED FUNDING
1st	\$276,885	-0-
2nd	234,227	-0-
3rd	241,957	-0-
TOTAL	\$753,069	-0-

Critique: Committee reviewers took note of the fact that the Western New York Regional Medical Program will submit its first Anniversary Review Application, including a developmental component request, for January/February 1971 Review Committee/Council review. The Region has a rather wide spread of ongoing activities, as indicated on the pink visual sheet, and the two project proposals under consideration are indicative of the Region's range of interests. In reviewing the two new activities for which supplemental funding is being requested, the Review Committee had difficulty determining the relationship of project goals to Regional priorities and objectives. This difficulty was born of the absence of a description of the Region's overall plan as well as the amorphous nature of project goals. It was the consensus of the reviewers that the recommendation for this total application should be for Approval with no additional funding, with the condition that no RMP monies be funnelled into Project #19 - Prevention and Treatment of Respiratory Distress Due to Hyaline Membrane Disease, because of its inappropriateness for RMP support.

Project #18 - Model Program for Comprehensive Family Health. Although the stated objective of this project is to demonstrate the efficacy of a multidisciplinary team approach in the provision of primary medical care, the reviewers were unable to ferret out any specifics as to operational goals and methodology. It was thought that the idea is interesting but its presentation confusing.

Project #19 - Prevention and Treatment of Respiratory Distress Due to Hyaline Membrane Disease. This activity was looked on by the Review Committee as an experimental research activity and inappropriate for RMP funding. ;

(Dr. Perry was not present when this application was discussed.)

GRB/RMPS  
10/27/70



SUMMARY OF REVIEW AND CONCLUSION OF  
OCTOBER 1970 REVIEW COMMITTEE

BI-STATE REGIONAL MEDICAL PROGRAM  
RM 00056 11/70 (Special Action #1)

FOR CONSIDERATION BY NOVEMBER 1970 ADVISORY COUNCIL

RECOMMENDATION: Additional funds be provided for this application.

<u>YEAR</u>	<u>REQUEST</u>	<u>RECOMMENDED FUNDING</u>
1st Year	\$73,800	\$73,800
2nd Year	64,140	64,140
3rd Year	67,167	67,167
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TOTAL	\$205,107	\$205,107

CRITIQUE: The Review Committee noted that the Bi-State Regional Medical Program will submit its first Anniversary Review application for consideration during the July/August 1971 Committee/Council. According to information supplied by the Region, there is a high probability that the application will include a request for a developmental component. In addition, the Region may exercise an option and submit several new proposals for consideration during the April/May 1971 Committee/Council meeting.

The Committee considered the "pink" program component sheet which gave an impression that the program might be off balance in relation to categorical emphasis. While it was realized that the Region has been in operational status for just over one year, there has been little activity in the heart field. The proposal in this application is an attempt to begin to fill this gap. The Committee further noted that at the present time, 58% of the Region's total funds flow into administration and planning activities and 20% are allocated to training and education activities while 22% are for the demonstration of patient care.

The Region has just recently (August 1970) reorganized and expanded its RAG from 55 to 77 members. The reorganization provides less medical school representation and an increase of Region-wide lay consumers and minority representation. The local review process includes consideration and review by at least one of the eight standing program

committees, by a scientific and educational committee and the regional advisory group.

Project #13 - A Proposal to Establish a Program of Rehabilitation for Patients Who Have Had a Myocardial Infarction - The first order of Review was to recount a history of this proposal through the National Review Process. Members of the Review Committee recalled that the program was first considered during the April/May 1969 review cycle. At that time it was considered essentially a clinical research activity which might be more acceptable if it was revised with an emphasis on the development of a service type activity.

During the June 1970 Review Committee Meeting, the revised proposal was considered. The Review Committee recommended nonapproval--no RMPS funds recommended for a variety of reasons: lack of endorsement of local medical societies (St. Louis City and County); lack of involvement of rehabilitation personnel in its planning; unrealistic evaluation methods; lack of clear cut phase-out plans; and the doubt that a three-year program would allow sufficient time to develop the objectives etc.

However, the July 1970 Council believed that the applicant had, in fact, revised the proposal in line with Council's previous recommendations. Council, therefore, deferred action for reconsideration by Committee.

The October 1970 Committee reconsidered the proposal and concluded that this was an activity which could enhance the goals and objectives of RMP in this Region.

The Committee recommended the addition of new funds to support the program with the belief that staff should convey to the Region the following ideas: 1) The Region satisfy the question as to the estimated size of patient population to be referred by practicing physicians; 2) That some type of per-service cost accounting system be developed to assist the Region in an orderly phase-out procedure; 3) That this type of activity would be a natural center and focus for training health personnel in the care of the cardiac patient; and 4) That the evaluation mechanism be expanded to provide meaningful data on morbidity and mortality.

GRB 10/27/70

NOVEMBER 1970 REQUEST TO COUNCIL FOR  
SPECIAL ACTION (#2)

BI-STATE REGIONAL MEDICAL PROGRAM  
RM 00056

Project #14 - Clinical and Cytological Detection of Cancer in an Indigent Female Population. This new proposal was originally included as a part of the Region's application for (02) year continuation support.

Staff, in discussing this with the coordinator, learned that for a variety of reasons the proposal was included with the continuation application. Some of the reasons were:

1. The time frame. The project has been originally supported under cancer control program funds and with 314 (e) funds for the past four years. Support for the project under 314 (e) is to terminate as of 12/31/70. This short fuse did not permit the Region to submit the request in line with regular scheduled submission packages. Also, the project directors had been advised publicly that RMP might represent an alternate hope of continued support for some of the previous 314 (e) supported activities.
2. The population group served and the high rate of cancer detection which has been obtained thus far in the project coincides with one of the Region's newly RAG approved (9/1/70) Program Priorities, "Improved Systems for the Delivery of Health Care Services to the Medically Disadvantaged".
3. There was considerable local pressure to have the proposal considered by RMP in view of the hiatus on federal funding of this as well as other programs.

In considering the above dilemma, staff agreed to submit the request directly to Council rather than through the usual review process. It was known that Council would be considering 314 (e) type requests submitted by other Regions and that a policy decision would be required as to whether the support of this type of project(activity) constitutes an appropriate RMP function.

GRE/RMPS  
10/27/70