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AREA V minute news

vol. 3 no. 6 March 31, 1971

RMP IN CALIFORNIA AND ITS CHANGING NATURE

By Donald W. Petit, M.D., Area V. Coordinator

I recommend for your reading an excellent article by the above title written by Paul D. Ward, Executive Director of CCRMP, and published in the March, 1971 issue of California Medicine. In it, Mr. Ward states:

"In the early part of its fifth year of funded support, the California RMP is continuing to evolve, to assess its progress, its objectives and its manner of carrying out the philosophy and intent of the legislation authorizing what is, in many ways, an unusual federal program. Along the way there has been praise for the accomplishments of the California program, due in great part to the strong support in this state from both professionals and laymen in medicine and health; and there have been disappointments.

"The conclusion seems inescapable: the original purposes of the Program have been altered. This alteration has unsettled or disturbed some in the Program, both on staff and voluntary levels. Since the planning for operational projects requires a fairly long time, the projects on which planning begins on one day may be inappropriate for the priorities that exist on the day the planning has been completed. And those who may have joined the Program on a voluntary basis in the beginning, and who have a deep interest in one of the categorical pursuits, may not find the Program to their liking with the implied change in emphasis."

It is interesting to take a look at some of the problems that RMP has faced in medical care delivery and to ponder what device could better approach them. The most obvious is the uneven availability of health services, epitomized by the almost explosive growth and nature of the needs manifested in the Emergency Room of any community hospital; there is the lack of uniformity and organization in our emergency care system generally; another difficulty is presented by the malpractice nightmare--a problem that has caused health professionals to seek aid at the federal level. The disparate quality of care experienced as one travels around the community and visits

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AREA V STROKE PROGRAM EXPANDS

Long after settlement of the debate whether RMP is or is not to be categorically oriented, stroke patients in several community hospitals will be reaping the benefits of the AREA V Stroke Rehabilitation Liaison Nurse Program, to be presented for the second time starting April 5. The three trainees are: Mrs. Pauline Georgenton, RN of Huntington Memorial Hospital; Mrs. Gail Olsen, RN, of Inter-Community Hospital, Covina; and Miss Cynthia Cohen, RN, of Midway Hospital, Los Angeles.

The initial phase of the program will be held in the Cadet Building of the Huntington Memorial Hospital, under the coordination of Robert H. Pudenz, MD, Chairman of AREA V Stroke Committee, Estelle Withum, RN, Helen Bezaire, RN, and Joyce Friesen, RN, all of the In-Service Training Dept. of Huntington. The trainees will then return to their respective hospitals and begin implementation of the program. From May 3-28, the Stroke Rehab trainees will attend the Nursing Rehabilitation Workshop given at Rancho Los Amigos Hospital.

The program will feature lectures by Drs. C. H. Shelden, Andrew Talalla, Richard Abts, Donald Moore, Donald Freshwater, J. H. Rose, David A. Johnson, J. Stanley Lance, Everett Hendricks, George Mulfinger and Robert H. Pudenz, all of Huntington Memorial; Mary (Metzger) Craton, RN, Chief Nurse in Special Services, LAC/USC Medical Center; Eleanor Smith, RN of the State Health Dept.; Mary Huber, Ph.D. of Cal-State; Ann Stark, ACSW, Senior Medical Social Worker in Speech Pathology Clinic, LAC/USC; Ruth Cox, ACSW and Dorothy Wilson, OTR of Rancho Los Amigos; Michael Virgadamo, RPT, of Huntington; Carole Fischer, RN, Dorothy Gale, RN, and Joan Mitchell, RN (the first three trainees of the AREA V Program). The final day of the course will include a visit to the special facilities for rehabilitation at Casa Colina, hosted by Dr. Daniel Feldman, of that institution, and concluding comments by AREA V staff Dr. Robert H. Pudenz, Kay D. Fuller, RN, Leon C. Hauck, and John S. Lloyd, Ph.D.

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AREA V was a participant, on March 29, in a site visit by HSMHA, to review a pre-application by the East Los Angeles Health Task Force (ELAHTF) for the development of a council broadly representative of the groups receiving and giving health care, to plan for new health service delivery systems for East and Northeast L. A. Coordinator Donald W. Petit, MD, referred to past and present cooperative efforts by AREA V and ELAHTF, and pledged AREA V to active participation in the project. Deputy Coordinator William A. Markey offered the resources of the staff and committee of AREA V, indicating that the only requirement would be for the ELAHTF to request assistance. Results of the site visit are expected to be known by April 15.

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR
April 1971

Friday, April 2		
AREA V	CCU Nurse Faculty	12 noon - RMP Conference Rm.
Wednesday, April 7		
AREA V	Cancer Planning Committee	12:15 p.m. RMP Conference Room
Thursday, April 8		
AREA V	Dr. Stiles Subcommittee on Cardiac Surgical Facilities	11:30 a.m. RMP Conference Room
CCRMP	Staff Consultants Committee	2 - 5 p.m. Savoy Room Airport Marina Hotel, L.A.
Friday, April 9		
AREA V	HOLIDAY	RMP office closed
Monday, April 12		
AREA V	Continuity of Care Cardiac Coordinating	12:15 p.m. RMP Conference Room
Tuesday, April 13		
AREA V	Cardiac Coordinating	11:30 a.m. Conference Rm.
Wednesday, April 14		
CCRMP	Full Committee	9 a.m. - 5 p.m. Hilton Inn San Francis co Airport

COMMITTEE CHAIRMEN MEETINGS, APRIL, MAY, JUNE

April 16 May 14 June 11

AREA ADVISORY GROUP MEETINGS 1971

May 11 July 13 September 14 November 9

ABOUT HMO'S

The Administrations' Health Maintenance Assistance Act, (H.R. 5615, S.1182), introduced by Reps. Staggers (D-W.Va.) and Springer (R-Ill.), and Senator Jacob Javits (R-N.Y.) emphasizes health maintenance and preventive care, builds on the strengths of the existing health system, preserves cost consciousness, and stimulates the establishment of Health Maintenance Organizations (HMO's) aimed at providing a comprehensive range of services offered to subscribers at a fixed fee paid in advance. The legislation provides:

Authorization of funds for public and private organizations to plan, develop, and operate HMO's for the period January 1972 to June 1976:

Authorization, with priorities for medically under served areas, of grants and contracts for planning costs; grants and contracts for initial operation; loan guarantee to private organizations to cover up to 90% of deficits from construction or acquisition of facilities, and initial operating costs; and direct loans to public organizations to cover initial operating costs;

Provision for state and local health planning authorities to review and comment on applications for contracts authorized by the legislation;

Authorization of joint funding for all Federal assistance to any HMO, and allows Federally contracted HMO's to waive normal contracting procedures, including state laws prohibiting group practice or the use of physician assistants;

Authorizes the Secretary of HEW to carry out his responsibility for Indian Health care by contracting with HMO's to provide such care.

Although no dollar amounts are included in the bill, the Administration has requested that $23 million be made available in FY 1972 for the first provision above; namely, to establish 100 HMO's. For medically under served areas, $22 million has been requested for grants, contracts, and direct Federal loans in FY 1972. Federal loan guarantees have been requested for up to $300 million to help private HMO organizations raise capital, construct facilities, and meet initial operating costs until they achieve an enrollment which allows them to be self-supporting.

LAC/USC Office of Federal Health Relations Newsletter - March 26, 1971

RMP's potential effectiveness in the implementation of HMO's was emphasized in a recent communication addressed to HEW Secretary Elliot Richardson by RMP coordinators, who are protesting plans to cut back RMP activity for fiscal 1972. Fifty of the 55 Regional Coordinators met in Atlanta last week to discuss the future of RMP. Dr. Vernon Wilson, Director of HSMHA, and RMP Director Dr. Harold Margulies attended.

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different facilities is another vexing issue, as is the patchwork method of payment of care, resulting in patients who utilize one method having to go to one type of facility, others to another, and with little or no communication between the groups. Generally, there is a greater and greater intrusion of economic consideration in the delivery of health care. More and more, the large payers of care--be they insurance companies or government--are determining the way in which the care will be given.

Another hurdle is the lack of credibility and trust between the various members of health professions, as well as between the general public and the health professions, as revealed by the suspicions, the anxieties, the hostilities that emerge at community meetings.

The very simple question, "Who does what?" perhaps has more significance for the future practice of medicine than any other. If there are to be new health roles created, with personnel other than physicians making house calls, doing minor surgery in emergency rooms, and making care consultations in community hospitals, we need to talk together and define these new functions most carefully.

Finally, these problems cannot be settled by patients only, by doctors only, by politicians only, by nurses only, or by administrators only but only by all of these groups working together. Regional Medical Programs has furnished a unique forum for discussion between these groups. If this instrument, which has been so effective in accomplishing the original purposes of RMP, is shattered in the effort to adapt to the new directions prescribed by Washington, it will be extraordinarily difficult to fashion another.

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RMPS NAMES DIRECTOR AND ACTING DEPUTY DIRECTOR

Effective Monday, March 22, Dr. Harold Margulies officially assumed the duties of Director of RMPS. He has served as Acting Director since March 17, 1970. Previously, Dr. Margulies served as Deputy Assistant Administrator for Program Planning and Evaluation, HSMHA and before that, he served in the Washington Office of the AMA where he was Secretary of the AMA Council on Health Manpower.

Dr. Herbert B. Pahl has joined RMPS as Acting Deputy Director, effective February 1, 1971. Dr. Pahl has been Acting Associate Director, Program Planning and Evaluation, National Institute of General Medical Sciences, National Institutes of Health.

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V minute news

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