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AREA
V minute news

vol. 3 no. 3 February 10, 1971

FISCAL CUTBACKS, SHIFT IN EMPHASIS FOR RMP REVEALED

"Some of the responsibilities that have been assigned to us are new and different but I don't think they were unexpected," stated CCRMP Executive Director Paul D. Ward, addressing the Staff Consultants at their Feb. 4 meeting. The subject was the Federal 1972 budget request for RMP, prepared by the Office of Management and Budget, which states:

"The 1972 budget introduces a stronger discriminatory policy which will be applied in awarding grants to individual Regional Medical Programs. As a result, a sharp retrenchment in grant awards will be made for those RMP's which have been the least productive in order to support selected increases for those RMP's which have shown the greatest innovative potential for moving the local health care system toward improved accessibility and quality of care. The new policy will also require a shift in emphasis in the use of current funds by the remaining programs.

"The major shift in emphasis will be directed toward improved and expanded service by existing physicians, nurses, and other allied health personnel; increased utilization of new types of allied health personnel; new and specific mechanisms that provide quality control and improved standards and decreased costs of care in hospitals; early detection of disease; implementation of the most efficient use of all phases of health care technology; and supporting the necessary catalytic role to help initiate necessary consolidation or reorganization of health care activities to achieve maximum efficiency."

The change in direction of RMP accompanied a reduction in the Administration request for new funds from $106 million in fiscal 1971 to $52 million in fiscal 1972. Mr. Ward admitted that the Program appears to have taken a fiscal blow but cautioned: "I don't think anyone should be too discouraged. We always go through these ups and downs and generally manage to come out all right."

There was some good news: The National Advisory Council, which met Feb. 3 and 4, has accepted the recommendations of the team that site visited the California Region last December. Based on verbal comments, it appears that California greatly impressed the review team with evident capability for developmental component funds and anniversary review status.

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AMERICAN INDIAN FREE CLINIC . . .

will now be able to expand the current medical, dental and counselling services it has been offering to the Urban American Indian community through an award of undetermined amount from EYOA. An initial payment of $15,000 is available March 1. The grant application requesting $100,000 was prepared and submitted to EYOA last fall by AREA V staff. The new funding permits full-time employment of a program coordinator, clinic manager, secretary, janitor, and two community aides, as well as the leasing of a VW bus for transportation of patients and supplies, and other items such as office equipment, legal counsel, rental and miscellaneous supplies.

A promise of $5,700 seed money and staff assistance from Area V was soon augmented by gifts of sufficient equipment, drugs, supplies, and volunteer professional services to enable the clinic to open in Oct. of 1970. Since then, it has been serving approximately 300 patients a month, on the two evenings a week it is open. The family-style Clinic, operated by and for Urban Indians, is the first of its kind in the U. S.

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Correction

In our Jan. 27 issue, the Task Force on Health Care Delivery and Organization was reported as recommending that RMP play a key role in the establishment of health maintenance organization (HMO's). The wording should have read: "expedite the implementation of effective health care delivery networks."

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CARDIAC

According to the closing report of the Faculty Training Course in Cardiopulmonary Resuscitation, 507 trainees now carry completion cards as CPR instructors. The eight classes sponsored by L. A. County Heart Assn. and RMP Areas IV and V drew a total attendance of 566. AREA V contributed manikin practice under the supervision of Drs. Robert Barndt, Jr., Maria De Guzman, Julian Haywood, A. Hafeez Kahn, and Mohammad Mohsenin. The trainees are expected to teach CPR in their respective agencies for at least two years, as part of the Heart Association's new program to promote widespread professional proficiency in CPR. George C. Griffith, MD, represented AREA V on the CPR Subcommittee.

CCU

Experienced coronary care nurses will be interested to learn that a special section about the medical and nursing aspects of coronary heart disease has been included in the 14th Annual Postgraduate Refresher Course presented by the USC and U of Hawaii Schools of Medicine. Scheduled for Aug. 14-25, 1971 at the Sheraton Waikiki Hotel in Honolulu, the sessions are described as "relaxed" with team presentations by cardiologists, coronary care nurses, attorneys and specialists in pulmonary diseases, cardiovascular surgery and psychiatry. For further information, call our receptionist at 576-1626 and ask her to mail you the brochure.

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR
February 1971

Thursday, Feb. 11		
AREA V	Radiology Subcommittee of Cancer Planning	12 noon RMP Conference Room
Friday, Feb. 12		
AREA V	Committee Chairmen	11:30 a.m. - Conference Room
Monday, Feb. 15		
AREA V	Washington's Birthday RMP Office Closed	
Wednesday, Feb. 17		
AREA V	Social Workers Advisory Committee	8 a.m. - 9:30 a.m. RMP Conference Room
AREA V	Staff Meeting	9:30 a.m. Conference Room
Thursday, Feb. 18		
AREA V	Cardiac Coordinating Sub-committee on syphilis	1:30 p.m. RMP Conference Room
Friday, Feb. 19		
COMP-LA	Annual Meeting	12 noon - Penthouse 621 S. Virgil, Los Angeles

COMMITTEE CHAIRMEN MEETINGS, FEBRUARY, MARCH, APRIL

February 12 March 12 April 16

AREA ADVISORY GROUP MEETINGS 1971

March 9 May 11 July 13 September 14 November 9

THE STATE PLAN FOR HEALTH

By Marlene Checel, MPH, Assistant Coordinator, Inter-Agency Activities

Section 314 (a) of Public Law 89-749 which created Comprehensive Health Planning (CHP) requires that each state designate a single agency to administer the planning process and submit a "plan for comprehensive health planning." In California, this task has been undertaken by the State Office of CHP of the State Dept. of Public Health. The process of development for this plan, guided by Saleem A. Farag, Ph.D., MPH, Chief of the Office of CHP, is as follows:

During 1970, over 250 individuals, organizations, etc. were contacted to write position papers on specialized subjects in their area of professional competence and experience. These papers were to raise issues, describe the present status of the topic under consideration, make recommendations for future action, and set forth guidelines for state and community action.

Small technical committees were then organized to assist in the review of the position papers and to discuss the issues raised. There were 65 study committees organized around six main subject areas--health data; identification of health issues; health facilities; health manpower; environment; and social, urban and rural health problems. These meetings were held in Sacramento during the month of November, 1970. The 137 position papers and recommendations resulting from the 65 committee meetings were distilled into 6 draft reports which were then considered by technical task forces during December, 1970. In January, organizations concerned with health were invited to react to the draft reports and the recommendations coming out of the latter meetings and the task forces are now being distilled by the staff of the State Office of CHP into a single document.

Public hearings on the State Plan are scheduled for March; the L. A. hearing will be held at the State Building on March 11, 1971. Following these hearings, the approved version of the State Plan will be submitted for approval of the State of Calif. Health Planning Council at a meeting to be held April 28, in L. A. The Plan for Health will then be directed through the State Governor to the State Legislature for approval, and will be made available as a guide for health planning.

CCRMP's input to the State Plan was the Position Paper on RMP in California, developed by Paul D. Ward and the CCRMP staff. There has been considerable involvement by Area V: Frank Aguilera participated in the November meeting on Social Issues, while I attended the Dec. meeting on Health Services, and represented CCRMP at the Social Issues meeting. The comments and suggestions of Dr. Petit, Dorothy E. Anderson, and Clyde E. Madden of Area V on the draft recommendations have been forwarded to the State Office of CHP.

* * * *

are joining with the Medical & Health Services Council of the National Association of Social Workers in an open meeting on Feb. 23. Featured speaker will be Area V Coordinator Donald W. Petit, MD, discussing "The Total Health Delivery Process in the Soviet Union," presented with slides from his recent trip to Russia. The meeting will be held in the Coronet Room of the Fog Cutter Restaurant, 1635 N. La Brea Ave. The tab of $5.50 each includes dinner at 6:30 p.m., tax and tip. Reservations should be sent to NASW, L. A. Area Chapter, 601 N. Vermont, #20, Los Angeles 90004.

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CANCER PLANNING COMMITTEE...

welcomes two new members: Mrs. Catherine Cordoba, MSW, Service Director of L. A. Branch of American Cancer Society and Mrs. Lillian O'Brien, RN, Executive Director of Visiting Nurse Assn. of L.A. The expansion of the Committee will give additional input on the delivery of health care services. Continuity of Patient Care Subcommittee has also added new members with the same goal in mind: Mrs. Olive Klump, RN, former Director of Public Health Nursing for LA County and Mrs. Florence Torke, RN, Asst. Director of VNA of LA.

A long-time member of Area V Cancer Committee--Dr. Denman Hammond--has been appointed Director of the planned LAC/USC Cancer Hospital & Research Institute. Dr. Hammond will coordinate planning and development of the Cancer Center through Faculty and Medical Center committees.

* * * *

Frank Aguilera and Elias Chico had a busy day Feb. 4 as they accompanied Dr. Roger O. Egeberg of HEW, Art Raya, his special assistant on the health needs of Spanish Surnamed Americans and other interested officials, on a tour which included visits to the ELA Health Task Force Office on East Whittier Blvd., the E/NE Model Neighborhood Office in Lincoln Heights, and the 8th floor of the LAC/USC Medical Center, (which provides a "community hospital within a hospital" for residents of 22 census tracts in the Eastside).

Later, at a conference with LAC/USC Medical Center and USC School of Medicine officials, Aguilera described ongoing efforts to increase the supply of bilingual doctors needed in the Mexican American communities: One plan proposes to encourage Americans currently studying at the Medical School of Guadalajara to do their internship in LA where they could be utilized in the new ELA health centers. Existing regulations make it impossible for a graduate of a Mexican medical school to intern in this country until 3 years after graduation. State Senator Alfred Song has introduced legislation which, if passed, would shorten this period somewhat but other complex difficulties involving state licensure, practice in hospitals, etc., would have to be solved before this untapped source of nearly 1,000 bilingual physicians could be utilized in Calif. Dr. Egeberg promised to investigate the matter and find out what could be done to remove some of the roadblocks.

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Published by
CALIFORNIA REGIONAL MEDICAL PROGRAMS
AREA V
UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF MEDICINE
AREA OFFICE
1 West Bay State Street
Alhambra, Calif. 91801
Telephone (213) 576-1626

Editor – Elsie McGuff

Area V Staff

Donald W. Petit, M.D.	Area Coordinator
William A. Markey, M.S.	Deputy Coordinator
Frank F. Aguilera, M.P.A.	Community Programs
Dorothy E. Anderson, M.P.H.	Community Programs
Bruce Barnhill, B.A.	Evaluation
Marlene Checel, M.P.H.	Inter-Agency Activities
Elias Chico	Community Programs
Jane Z. Cohen, B.A.	Community Programs
Kay D. Fuller, R.N.	Nursing
Leon C. Hauck, M.P.H.	Health Data
John S. Lloyd, Ph.D.	Evaluation
Elsie M. McGuff	Communications
Clyde E. Madden, A.C.S.W.	Social Work
Robert E. Randle, M.D.	Continuing Education
Gail M. White, M.A.	Cancer Planning

Committee Chairmen

Area Advisory Group	Chester A. Rude
Cancer	Lewis W. Guiss, M.D.
Cardiac	George C. Griffith, M.D.
Continuing Education	Phil R. Manning, M.D.
Hospital Administrators	Henry B. Dunlap, M.P.H.
Library Services	John M. Connor, M.A.
Nursing	Fotine O'Connor, R.N.
Stroke	Robert H. Pudenz, M.D.
Systems & Computers	Lee D. Cady, M.D.
Social Workers	Dr. Barbara Solomon, A.C.S.W.

Members of the California Funeral Directors Association, hospital pathologists, and coroners are helping us to recover pacemakers from patients who have died. Whenever possible, the information obtained from these units will be sent to the attending physician.

Pacemakers removed for emergency or elective replacement are an integral part of the Recovery Program. Since the pacemakers will be forwarded to the respective manufacturers, any potential exercise of warranties will not be impaired.

PROCEDURE

Please send removed units in the provided container to:

Michael Bilitch, M.D.
Los Angeles County – U.S.C. Medical Center
Box 69
1200 North State Street
Los Angeles, California 90033

Be sure to fill out the information sheet so that we can clearly identify the pacemaker.

The pacemaker will be checked by the Pacemaker Registry engineers, after which, it will be forwarded to the original manufacturer with the information which we have obtained. A copy of the check-out report will be sent to you, the attending physician.

If credit is involved, the manufacturer will contact the original source of the returned unit.

If you have any questions regarding the Pacemaker Recovery Program, please contact Dr. Bilitch or Miss Cassady at (213) 225-8462 or 796-0101 day or night.

When pacemakers are removed at autopsy, it would be extremely helpful if one of the members of the Pacemaker Registry could "observe" the procedure. It is often possible to obtain valuable information at that time.

September 1970

Sponsored by

California Regional Medical Programs · Area V
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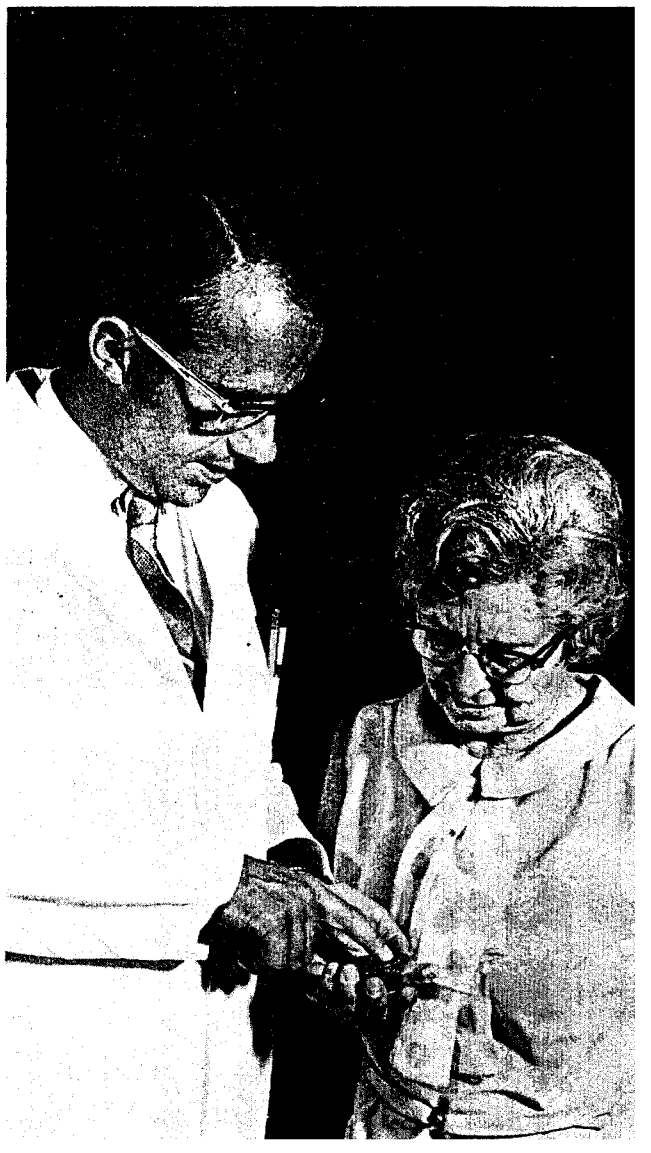
A project under Public Law 89-239

pacemake registry and informatio cente



A Pacemaker Registry and Information Center has been stablished by the University of Southern California and ıe California Regional Medical Programs. The Registry ould like to be of service to you, the attending physic ı the care of any patients you are following with ... lanted pacemakers. The function of the Pacemaker egistry is threefold.

(1) To provide a central registry and clearinghouse ɔr patients with artificial pacemakers.

(2) To provide a 24 hour a day information center om which physicians may obtain specific information ɛgarding patients, or general information about pace- ıakers.

(3) To provide a pacemaker recovery center so that l artificial pacemakers which are removed from patients ıay be checked to determine their functional state.

We would like to seek your cooperation in an attempt ɔ accomplish these specific objectives. By doing so, we ope to be able to increase the reliability of artificial pace- ıakers. Each of the three services which the Registry ishes to provide function as follows:

PATIENT REGISTRATION

BJECTIVE

The objective of the patient registration program is to ɔquire clinically oriented information on patients with tificial pacemakers. We wish to use this information to ɜtablish a readily accessible central clinical and pacemaker le. This information will be used, in part, to assess the verall reliability and longevity of pacemakers and espe- ally to aid the attending physician in assessment of the ɜcemaker's function.

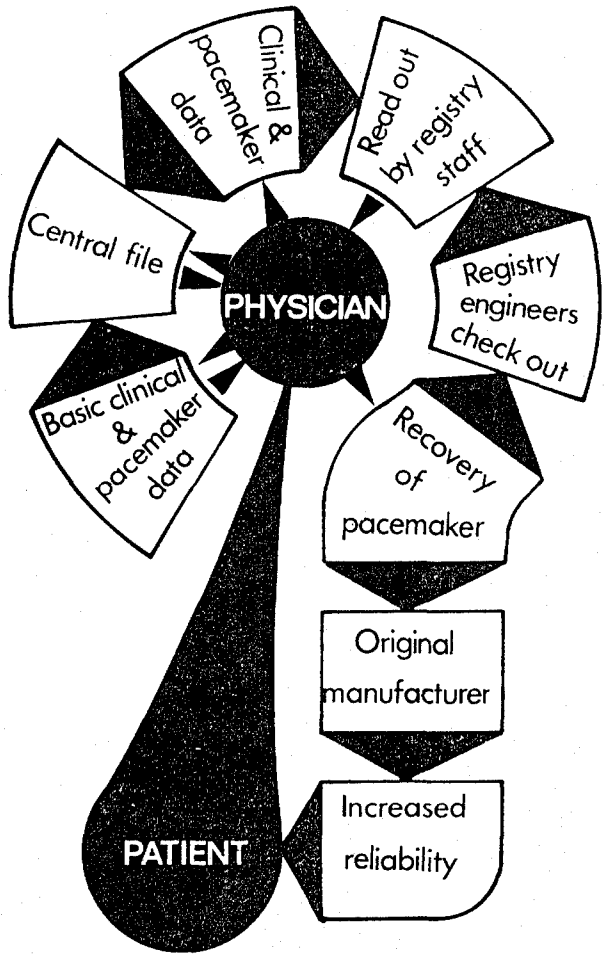
ROCEDURE

Whenever a patient is to have a pacemaker implanted r replaced we would appreciate knowing about it. Brief lentifying information concerning the patient, the attend- ıg physician, and the hospital in which the pacemaker is ɔ be implanted will be requested at that time so that we ıay identify the physician and the patient. We will first ık you, the attending physician, if you wish to have the ɜtient included in the Pacemaker Registry. If this meets ith your approval, the registrar will ask for basic clinical formation and specific information regarding the pace- aker which has been implanted. We will ask that the ɜtient be registered with the Medic Alert Foundation.

OLLOW-UP

At regular intervals we will ask you for clinical, electro- ırdiographic, and, if necessary, x-ray information regard- g the pacemaker's function. As a general rule, this will ɜ at three-month intervals for the first 15 months of the pacemaker's life, at two-month intervals for the 16th to the 20th month, and at monthly intervals thereafter.

the registry at a glance



All the information which we collect will be placed in ɜ central file which can be used to obtain information, on short notice, as to the present status of the patient and pacemaker and a comparison of this with the patient's prior history.

If, when new information is provided, there are indications that the pacemaker may be malfunctioning, the attending physician will be contacted immediately by telephone. This will be followed up with a written report. If the pacemaker is functioning correctly, a written report will be sent.

INFORMATION CENTER

OBJECTIVE

The objective of the Information Center is to provide a central location to which physicians may call regarding pacemaker problems.

We will be providing access to two different types of information:

(1) General information regarding pacemakers. This might take the form of a question such as, "Who in my area is an expert on pacemakers to whom I might refer a patient or a problem?"

(2) Specific information regarding a patient. This information will only be provided to the patient's attending physician. The information will be given to other than the attending physician when an exceptional circumstance occurs in which a patient finds himself away from home and requires the services of a physician.

The Registry Information Center will be available on ɜ 24-hour call basis.

As a general rule, information will be transmitted by telephone with a follow up confirming letter. If the information is of a non-emergent nature, information will frequently be provided by mail.

When calls are made to the Information Center, the professional staff of the Pacemaker Registry and Information Center or designated area consultants will provide the expert advice.

PACEMAKER RECOVERY PROGRAM

OBJECTIVE

The Recovery Program will assess the reliability of pacemakers by checking the electromechanical function of units removed from patients. In order to obtain the maximum benefit from this program it is important that the Registry recover as many pacemakers as possible.