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FY71 ACTIVITIES IN RURAL HEALTH CARE -  
REGIONAL MEDICAL PROGRAMS (Phase I)

A total of nine grants has been awarded from FY71 funds to date for the conduct of health care activities for rural and remote populations through Regional Medical Programs. Funding for these activities amounts to approximately \$1,187,000 of FY71 funds. Health care activities in rural and remote areas cover a wide range of functions relating to new technology and methods for the delivery of health care. Most notable among these are transportation services, home health care, and the use of electronic systems for remote monitoring and analysis.

- About one-third of the funds awarded in this fiscal year to date support programs in the development of new and more feasible methods for improving access to care through transportation services. These programs range from a helicopter system for emergency care in the mountains of West Virginia to the provision of bus transportation for disadvantaged residents of the northeast San Fernando Valley.
- Various programs in home health care, such as the Missouri Homemaker Home Health Aide Program, have been funded in six RMP's and are supported by over half (\$612,000) of the awarded funds.
- Screening, diagnosis, and treatment in rural areas have been enhanced by the use of electronic equipment for detection and remote monitoring and analysis. The Missouri RMP, for example, is currently supporting a \$220,000 program which provides, via telephone transmission from the medical center, computer ECG interpretations to small clinics, remote hospitals, and physicians' offices which are without trained electrocardiographers. One-third of FY71 funds awarded to date goes for the support of these electronic systems programs.

Several RMP's are initiating studies in more innovative approaches to rural health care delivery, primarily through planning activities and core funds:

- Two such programs are aimed at alleviating problems in the rural health care system through group practice and comprehensive, prepaid insurance plans. One of these, organized and developed with the assistance of the Wisconsin RMP core staff, is a creation of linkages between the Marshfield Clinic Group Practice and rural hospitals, smaller group practices, and solo practitioners in the north central and northwestern areas of the state. Through this arrangement, specialty physicians provide consultation and clinical follow-up services to outlying facilities on a scheduled basis.

A second such approach has been taken by two RMP's and involves primarily the concept of community planning for health. One such activity, funded through the Albany RMP, is a study to determine the extent to which local citizens in a poor, rural area will participate in the planning and conduct of health programs which have significance to their community. The second of these programs is centered in the northeast San Fernando Valley where indigent residents are involved in identifying both what they consider to be their greatest health problems and alternatives for their solution.

FY71 ACTIVITIES IN RURAL HEALTH CARE  
REGIONAL MEDICAL PROGRAMS (Phase II)

Regional Medical Programs. Service estimates that approximately \$926,000 will be awarded during the remainder of fiscal year 71 for the conduct of health care activities in rural and remote populations. There are currently ten grant applications pending which request continued support for such programs in individual Regional Medical Programs. The major foci of these proposals are ambulatory and home health care, the use of electronic systems for remote monitoring and analysis, and intensive care unit networks in small, rural hospitals.

- . Over a third of the funds to be awarded will support ambulatory care and home health programs for rural patients. One such activity, conducted jointly by the Model Cities Agency and the RMP in Alabama, is a program for nutrition instruction and education in a rural poor population. Another is designed to increase the incidence of cervical cancer detection through mail-in self-examination packages in the remote southwestern counties of Missouri. Two additional programs will provide general nursing and therapy services to patients in the home.
- . Another 15% of rural health monies will support activities which utilize electronic systems for patient care in remote areas. Two such activities entail the monitoring of coronary care units in rural hospitals from a larger, central facility. Another, centered in the Rochester (N.Y.) RMP, is concerned with telephone computer analysis of electrocardiograms in areas remote from the medical center.
- . It is estimated that intensive care networks linking remote hospitals to the central medical facility will be renewed in the amount of approximately \$335,000, or 36% of all monies available for rural health care programs. At this time, there are seven such proposals pending approval and funding: Six deal with the establishment and provision of personnel for intensive units in small hospitals; the last includes the use of mobile units for reaching patients in otherwise inaccessible areas.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: March 19, 1971

Reply to  
Attn of:

Subject: Cystic Fibrosis

To: Tom Croft  
Financial Management Officer

As per your request, I am forwarding the listing of regional pediatric pulmonary programs which have as a component cystic fibrosis activity. The total dollar amount is \$1.4 million out of a funding level for all operational projects of \$55.2 million.

If you have need for additional information regarding this data, please feel free to contact me.



Rhoda Abrams  
Assistant Branch Chief  
Evaluation Branch

## CYSTIC FIBROSIS PROJECTS

(These pulmonary projects all have a component activity related to cystic fibrosis.)

| REGION              | *AMOUNT            | **PROJECT  |
|---------------------|--------------------|--|
| California          | \$ 247,800         | #21 Pediatric Pulmonary Irvine Demonstration Center                                    |
| Colorado-Wyoming    | 91,200             | #13 Experimental Facility Pediatric Pulmonary Program, Univ. of Colorado, Model Cities |
| Georgia             | 144,000            | #14 Experimental Pediatric Pulmonary Disease Program, Model Cities                     |
| Greater Del. Valley | 290,880            | #04 Philadelphia Regional Chronic Pediatric Pulmonary Disease Program                  |
| Hawaii              | 137,520            | #11 Pediatric Pulmonary Program of Kewkeolani Referral                                 |
| New Mexico          | 106,440            | #08 Lovelace Foundation Pediatric Pulmonary Center                                     |
| New York Metro      | 189,000            | #02 Pediatric Pulmonary Babies Hospital  |
| Puerto Rico         | 150,000            | #03 Center for Management and Treatment of Chronic Pulmonary Disease in Children       |
| <u>TOTAL</u>        | <u>\$1,356,840</u> |  |

RMP-supported cystic fibrosis activities are, as indicated in the project listing, usually a segment of a larger pediatric pulmonary program. These programs generally deal with all respiratory diseases affecting infants and children. The activity funded through the Colorado-Wyoming RMP, for example, is a comprehensive education and care demonstration center for children with all chronic respiratory conditions, including asthma, bronchiectasis, pulmonary infections, and cystic fibrosis. The major objective of this particular program is to better control pediatric respiratory diseases through acquainting medical personnel in the region with the pathology and treatment methods of the various conditions. In the three years since its inception, the Colorado program has seen an increase in referrals to the medical center and an overall decline in mortality rates for pediatric pulmonary diseases.

\*The individual amounts in this column have been adjusted by an increase of 20% for indirect costs to program.

\*\*Pediatric pulmonary programs embracing activities in cystic fibrosis.

L.W. BROWN