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PROFILE: IOWA REGIONAL MEDICAL PROGRAM

Grantee: Iowa University College of  
Medicine, Iowa City, Iowa

Current Chief Executive:  
Willard A. Krehl, M.D. Ph.D.

Profile originally prepared by:  
Michael J. Posta

Original date: October, 1969

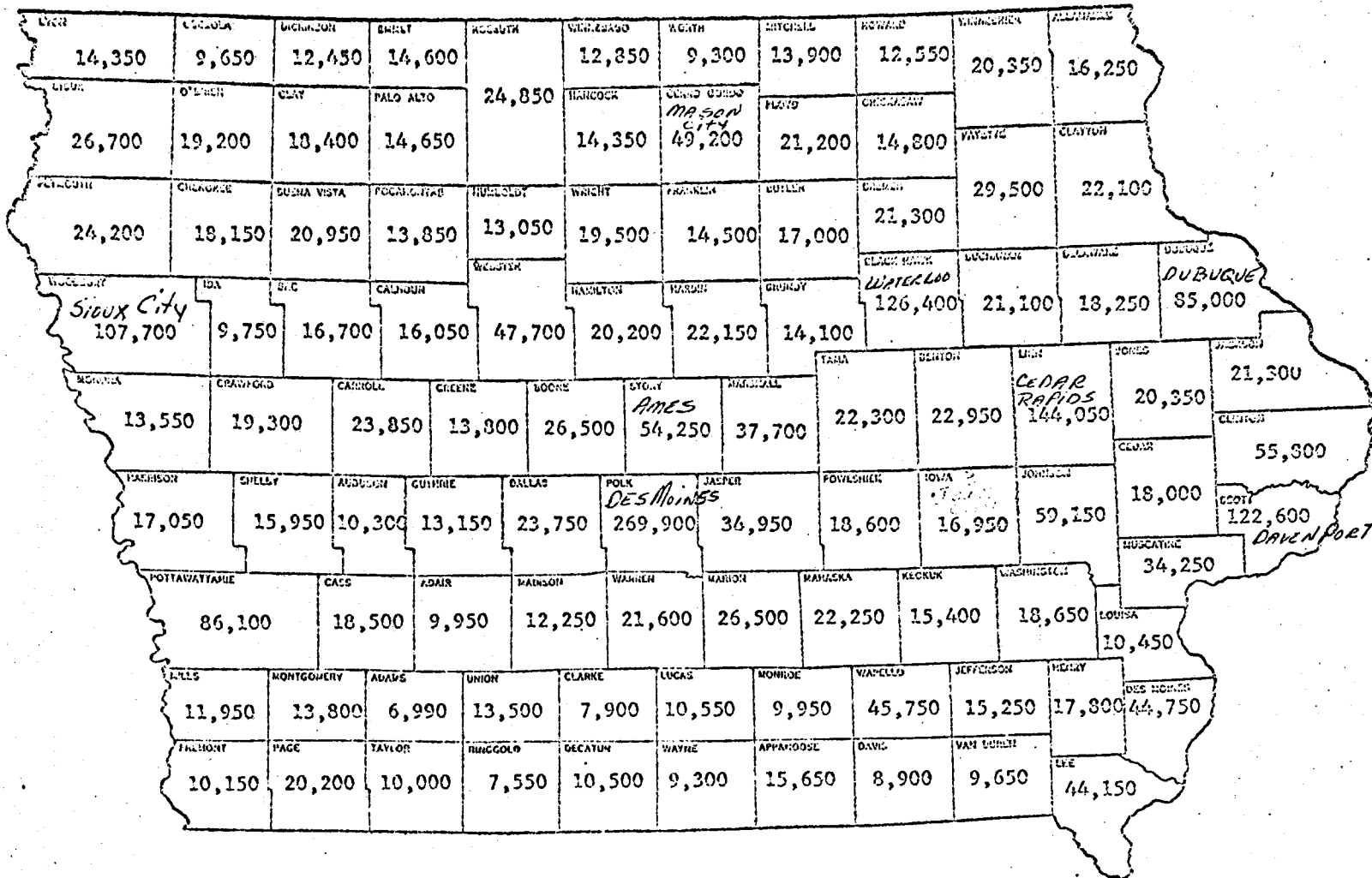
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IOWA REGIONAL MEDICAL PROGRAM

*Population By County*  
*Estimates - July 1, 1964*



RM 00027-01

## I. GEOGRAPHY

- 1) The Iowa Regional Medical Program is geographically comprised of the State of Iowa--a land area of 56,032 square miles; it is roughly 300 miles from east to west and about 210 miles from north to south; it consists of the total 99 counties of the State.
- 2) Principal cities are Des Moines, Cedar Rapids, Davenport, Dubuque, Waterloo and several combination metropolitan areas listed in item #4 (below).
- 3) The Iowa Regional Medical Program has interrelated with similar programs of Illinois, Northlands and Wisconsin, particularly with reference to a possible "Great Plains Grouping". Interaction has been sought with Missouri, Nebraska-South Dakota, and North Dakota.
- 4) From a patient referral and hospital utilization viewpoint, Iowa overlaps at its border centers of population; e.g. Moline, Illinois, and Council Bluffs, Iowa-Omaha, Nebraska, and Sioux City, Iowa - Nebraska-South Dakota areas.
- 5) The University of Iowa Medical Center draws a substantial part of its patient load from western Illinois; Mayo Clinic relieves a substantial number of referrals from Iowa; patients from southwestern Iowa tend to move toward the Omaha medical complex - University of Nebraska Medical School and Creighton University School of Medicine.

## II. DEMOGRAPHY

- 1) Population: Estimated 2,760,000 (1965)
  - a) Roughly 53% urban.
  - b) Roughly 99% white.
  - c) Median Age 30.3 (U.S. average 29.5)
  - d) 12% of population is 65 years and older.
  - e) 61 counties had population declines while 36 counties had increases; out migration in the 18-44 age group.
  
- 2) Land area: 56,032 square miles; population density is 49 persons per square mile.
  
- 3) Health Statistics:
  - a) Mortality rate for Heart Disease--403/100,000
  - b) Rate for Cancer--160/100,000
  - c) Rate for CNS vascular lesions--147/100,000
  
- 4) Facilities Statistics:
  - a) Medical Schools: Iowa University College of Medicine, Iowa City; College of Osteopathic Medicine and Surgery, Des Moines
  - b) There are 25 schools of nursing
  - c) There are 16 schools of medical technology (14 are at hospitals; 2 are at schools)
  - d) As of 1967, there were 142 hospitals with 20,601 beds. (The great majority are non-federal, short-term facilities)
  
- 5) Personnel Statistics:
  - a) In 1962, there were 3414 physicians (123/100,000, including osteopaths.) There were 482 practicing osteopaths and 2300 practicing physicians.
  - b) In 1962, there were 9,457 active nurses of the total 15,929. (340/100,000 active)

### III. POLITICS

#### Senators:

Honorable Jack R. Miller, R. (1961-1973) Sioux City, Lawyer; Agriculture; Armed Services; Joint Economic; Special Committee on Problems of the Aging.

Honorable Harold E. Hughes, D. (1969-1975) (formerly Governor; replaces Honorable Bourke B. Hickenlooper, R., (1945-1968).

#### Representatives: (all returned to office in 1968 election)

Honorable Fred Schwengel, R. (1955-1964, 1967-1971) Davenport; Insurance; House Administration; Public Works.

Honorable John C. Culver, D. (1964-1971) Marion; Law; Foreign Affairs; Un-American Activities.

Honorable H. R. Gross, R (1949-1971) Waterloo; Newspaper/Radio; Foreign Affairs; Post Office and Civil Service.

Honorable John H. Kyl, R. (1960-1971) Bloomfield; Public Administration; House Administration; Interior and Insular Affairs.

Honorable Neal Smith, D. (1959-1971) Altoona; Farmer; Lawyer; Appropriations; Select Committee on Small Business.

Honorable Wiley Mayne, R. (1967-1971) Sioux; Lawyer, Agriculture.

Honorable William J. Scherle, R. (1967-1971) Henderson; Grain/Livestock Farmer; Education and Labor.

#### Governor:

Honorable Robert Ray, R. (1969-1970)

#### IV. HISTORICAL REVIEW

- January-April, 1966 - Robert C. Hardin, M.D., Dean, and Vice President for Medical Services, University of Iowa College of Medicine, established a Regional Advisory Group with the College of Medicine serving as the potential grantee organization. Dean Hardin was named Chairman of the group.
- May, 1966 - Application for a planning grant was submitted to the Division by the Iowa University College of Medicine.
- June-December, 1966 - Planning grant awarded for \$214,000 for first year - 12/1/66-11/30/67
- 1) A large portion of this support was directed to the School of Business Administration, Division of Medical Economics for the:
    - a) Collection and organization of baseline data;
    - b) Delineation of the Iowa Medical Care Region;
    - c) Identification of patient flow patterns;
    - d) Conducting health manpower and medical economic studies.
  - 2) Dean Hardin became Program Coordinator and John Bartlett, LLB, MA was named Assistant Program Coordinator, both on a part-time basis.
  - 3) For accomplishments, (Division of Medical Economics) see Appendix A.
- January-April, 1967 - Assistant Program Director (Bartlett) initiated working relationships with the major planners and providers of health care in Iowa; during this period, there were no full time professional people employed by the IRMP aside from the Division of Medical Economics.
- May 4, 1967 - RAG meeting:
  - a) Endorsed a plan for development of summer session seminars for health economics related to planning, sponsored by Department of Economics.
  - b) Approved supporting statement for Health Planning Council of Iowa in behalf of its request for area-wide planning grant under the Hill-Burton Program.



- c) Department of Economics reports that major thrust of study team would begin in summer.
- d) Initial consideration given to developing full-time Coordinator position.

July 1, 1967

- 1) Personnel recruited:
  - a) Willard A. Krehl, M.D., Ph.D. was employed as Program Coordinator;
  - b) Harry Weinberg, M.D., Davenport cardiologist, was elected Chairman of the RAG. (Dean Hardin "stepped-down" because of his role in the grantee organization);
  - c) Mrs. Mary Henry was employed as a full-time Administrative Secretary.

July 19, 1967

- RAG meeting:
  - 1) Advised of operational phases and project potentials of PL 89-239
    - a) Opposition of organized medical practice cited.
    - b) Iowa Academy of General Practice and Iowa Society of Internal Medicine invited to be represented on RAG.
    - c) Program Coordinator outlines 4 potential operational projects for consideration.
    - d) Need for sub-groups in Categorical Disease areas is recognized.
    - e) Need for Institutional involvement recognized.
    - f) Need for newsletter established.

August 11, 1967

- Dr. Margaret Sloan, Miss Elsa Nelson and Dr. Vincent Carollo visited IRMP:
  - 1) Discussed reorganization of RAG;
  - 2) Identified need for Advisory and Review Committees for Heart, Cancer and Stroke;
  - 3) Suggested Task Force Committee on nursing.

October 1, 1967

- Mr. Charles Caldwell employed as Director, Field Services.

- November, 1967 - Continuing planning grant application for 02 year submitted to Division; Routine site visit was recommended by staff.
- December 12, 1967 - Site visit conducted by Dr. Stephenson, Mr. Peterson and Mr. Ira Alpert (staff).
- Results brought about RAG expansion to include a representative of minority groups, a member of the Health Planning Council, a St. Luke Board of Directors member, and more public members.
- A three month extension, without additional funds, was approved to carry program to February 1, 1968.
- January 24, 1968 - Regional Advisory Group meeting:
- 1) Approved project proposals for Stroke, a Telemetered Electrocardiogram program as a feasibility study, (cooperative with Northlands RMP) and a Cancer Tumor Registry.
  - 2) Approved RAG expansion to include representatives of community colleges, labor, the social sciences and the College of Osteopathy (Des Moines).
- February, 1968 - Planning grant awarded for 02 year in the amount of \$213,000 for February 1 - November 30, 1968; Support for the Division of Medical Economics was reduced as requested while support for Core was strengthened.
- March, 1968 - First operational grant application submitted to Division for April Review Committee (this is the first of Dr. Krehl's work). Application looked good:
- a) Site visit was made after Review Committee and before May Council (in order to get as many programs operational as possible).
- April 24, 1968 - Regional Advisory Group Meeting - Results:
- 1) A sub-regional concept was introduced with 16 areas denoted as potential focal points for the implementation of operational programs.
  - 2) State Stroke Advisory Committee and Task Force Committee on Continuing Education was appointed.
  - 3) Three supplemental grant applications were approved. (For titles, see June 15, 1968 - page 9)

- May 27-28, 1968 - Council recommended support as requested for core administration and planning staff, CPR training, CCU training, and out-of-hospital services; reduced award for stroke center, comprehensive stroke management, and Mobile CCU; no funds for tumor registry or telemetered ECG. Of the \$950,000 operational grant application, \$445,000 recommended for approval.
- June 1, 1968 - Two full-time field consultants employed - Miss Doris Skeele and Mr. William Schaaf.
- June 15, 1968 - Three operational supplemental applications submitted to DRMP: related to the Economics Division, Dx and follow-up of children with Heart Disease, and Continuing Cancer Educational Program for physicians.
- June 28, 1968 - Initial operational grant application awarded for \$350,550 (DC) for initial year - July 1, 1968-June 30, 1969: (Note: 02 planning grant was continued through November, 1968) This was reason that full \$445,000 was not awarded in this grant.
- October 10-11, 1968 - Review Committee, DRMP, recommended the following actions on the supplemental applications listed below:
- 1) Economics Project - approval with the condition that a technical site visit team finds the project acceptable, based upon determination of its relevancy and usefulness to Iowa Regional Medical Program.
  - 2) Pediatric Heart Disease Project - Approval
  - 3) Continuing Cancer Educational Program for Physicians: "No funds at this time; proposal does not answer who will operate program to insure accurate input and how the output will be used." (Council differed with this recommendation and approved the project; see item 4 - page 10).
- October 16, 1968 - Regular meeting of the Regional Advisory Group: Mr. Pat Gallagher, Director of Public and Professional Education and Information was introduced to the membership. (had joined Core Staff in September, 1968); College of Dentistry of University of Iowa accepted for membership; Mobile Intensive CCU proposal approved for submission to DRMP; Budget and Finance Committee appointed as standing Committee of Iowa Regional Advisory Group; approved that Mr. Caldwell be designated Assistant Coordinator

effective December 1, 1968.

November 25-26, 1968 - With consultation from the site visit team, Council recommended:

- 1) Modified approval of the Economics Project, particularly for continued work on the Health Information System;
- 2) Added \$30,000 to support a core staff professional position and administrative costs to provide competency in epidemiology, biostatistics, and demography in utilizing the Health Information System;
- 3) One year support for the Pediatric Heart Disease project pending evidence that the screening equipment is successful;
- 4) Approval as requested for continuing cancer education for physicians based upon added evidence of physician support, with expressed need for more evidence of patient follow-up built into the project.

January 27, 1969

- Coordinator advised in writing that \$110,000 (DC) out of recommended \$316,000 would be available for distribution for supplemental applications approved in November, 1968.
- 1) In reality, \$59,831 was budgeted for a five month period: (through 6/30/69)
  - a) Token funds (\$11,340) were budgeted for the Medical Economics Section (another \$60,000 was obtained from the National Center for Health Services Research and Development to fund this project)
  - b) \$35,991 was budgeted for the pediatric heart disease proposal.
  - c) \$12,500 was budgeted to Core staff for a professional position competent in biostatistics.

May, 1969

- Council recommended approval for another supplemental request to increase the size of the Core Staff plus a Mobile Coronary Care project. (Mason City) The current status of these two additions are pending. (11/10/69)

June, 1969

- Staff recommended a site visit before the continuation grant application for the 02 year be approved.

August, 1969

- A seven month program extension was given the Iowa Program to carry present agenda through January, 1970. No additional activities should be started until staff, with endorsement of Council approves the operational grant for the 02 year; a total of \$230,702 (new funds) was made available for the seven months extension.

October 14-15, 1969

- Site visit conducted by Drs. Besson, Evans and Barrow. Find considerable progress made during the past year.

V. CORE STAFF (See chart - next page)

The Iowa Regional Medical Program staff, with the exception of the Division of Medical Economics, is housed in a remodeled private home situated adjacent to the Health Sciences Center on the campus of Iowa University.

a) The following staff members are located here:

Name	Position	Time
W.A. Krehl, M.D., Ph.D.	Coordinator	100%
Charles Caldwell, M.P.A.	Assistant Coordinator	100%
J.R. Gallagher, M.S.J.	P.I. & E. Director	100%
Doris Skeelee, RN, M.P.A.	Field Consultant	100%
William Schaaf, M.S.	Field Consultant	100%
Mary Henry	Admin. Secretary	100%
Joyce Lupan, B.S.	Communications Asst.	100%
Roger Tracy, M.S.	Field Consultant	100%
Richard Turnipseed	Printing Director	100%
Marsha Carter	Secretary	100%
Carol Wesley	Secretary	75%
Harry Weinberg, M.D.	Program Director	100%

b) The Division of Medical Economics, one of the main providers of planning data, is located in the School of Business Administration. This facility is not listed on the organizational chart since separate funding sources have been earmarked for these services. (Project #10 and \$60,000 additional funds from Dr. Sanazaro's shop) It is listed below to call attention to the fact that its relationship to the Region is considered significant. (RMP funding - \$28,500)

Name	Position	Time
Dr. Jeffers	Director	25%
Dr. Bognanno	Assistant Director	100%
Mr. Teagardener	Programmer	50%
Miss Baum	Secretary	50%
	Clerical	Per Hr.

As noted from the (next page), there are several vacancies in the professional staff. The Region will be seeking additional funds in order to recruit for these positions. There seems to be ample justification for additional field staff and for accelerating study group activities.

**IOWA REGIONAL . /ISORY GROUP**

**ADMINISTRATION**

**POLICY**

**GRANTEE: University of Iowa  
College of Medicine**

**IOWA REGIONAL ADVISORY GROUP**

**CORE STAFF  
COORDINATOR  
Willard A. Krehl, M.D., Ph.D.**

**PROGRAM DIRECTOR  
Harry Weinberg, M.D.**

**ASSISTANT COORDINATOR  
Charles W. Caldwell, M.P.A.**

**ADMINISTRATIVE  
SECRETARY  
Mary J. Henry**

**DIRECTOR  
Operations\*  
(Vacant)**

**DIRECTOR  
Continuing  
Education  
(Vacant)**

**DIRECTOR  
Cooperative Health Planning  
& Community Relations  
(Vacant)**

**DIRECTOR  
Professional & Public  
Education & Information  
J. R. Gallagher, M.S.J.**

**DIRECTOR  
Health Statistics  
& Studies  
(Vacant)**

Secretaries

Pauline Rogers

Marsha Carter

(Vacant)

(Vacant)

(Vacant)

**Multilith Operator  
Dick Turnipseed**

**Communications Assistant  
Joyce E. Lupan, B.S.**

**Assistant  
(Vacant)**

**Field Consultant  
William J. Schaaf, M.S.**

**Field Consultant  
Doris K. Skeele, R.N., M.P.A.**

**Field Consultant  
Roger Tracy, M.S.**

**Field Consultant  
(Vacant)**

**OPERATIONAL PROJECTS**

\* Funds for Position not Requested at this time.

BIOGRAPHICAL INFORMATION

- 1) Willard A. Krehl, M.D., Ph.D. - Coordinator
  - a) Born Illinois 1914
  - b) AB, Cornell College, Mt. Vernon, Iowa 1935
  - c) MS, Biochemistry, University of Wisconsin 1943
  - d) Ph.D. Biochemistry, University of Wisconsin 1945
  - e) M.D., Yale University 1957
  - f) Assistant and Associate Professor, Nutrition and Biochemistry  
Yale University, School of Medicine 1946-58
  - g) Associate Professor of Medicine and Director, Clinical Biochemistry,  
Marquette University School of Medicine 1959-62
  - h) Research Professor of Medicine and Director, Clinical Research  
Center, University of Iowa College of Medicine 1962-67
  
- 2) Charles W. Caldwell, M.A., - Associate Coordinator
  - a) Born West Virginia, 1937
  - b) B.A. - West Virginia State College, Institute, 1963
  - c) M.A. - University of Southern California, 1967
  - d) West Virginia Heart Association 1963-64
  - e) Iowa Heart Association 1964-67
  - f) Iowa Regional Medical Program, Director of Operating 1967-68
  
- 3) Harry B. Weinberg, M.D. - Program Director
  - a) Born Fremont, Nebraska 1913
  - b) M.D. - University of Nebraska 1936
  - c) Attending physician, Mercy and St. Luke Hospitals; consulting internist,  
Pine Knoll Sanitarium 1940-52
  - d) Chief of Medical Service, Mercy Hospital 1956-61
  - e) Director of Heart Station, Mercy Hospital 1967
  - f) Fellow, Council on Clinical Cardiology of American Heart Association 1963
  
- 4) Doris K. Skeelee, RN, MPA - Field Consultant
  - a) Born Los Angeles, California 1934
  - b) BS in Nursing - Southern California 1957
  - c) MPA - University of Southern California - 1967
  - d) Staff Nurse to Night Supervisor - Behrens Hospital, Glendale,  
California 1957-63
  - e) Clinical Supervisor, California Lutheran Hospital, Los Angeles 1963-65
  - f) Administrative Assistant, Nursing, Los Angeles Hospital 1965-68



- 5) William J. Schaaf, M.S. - Field Consultant
  - a) Born St. Paul, Minnesota 1937
  - b) B.S. University of Iowa 1966
  - c) M.S. University of Iowa 1968
  - d) Field Consultant IRMP
  
- 6) James R. Jeffers, Ph.D. - Medical Economics
  - a) Born Cedar Rapids, Iowa - 1938
  - b) BBA - University of Iowa 1960
  - c) Ph.D. - Tulane 1966
  - d) Assistant Professor of Economics, University of Iowa 1963
  
- 7) James R. (Pat) Gallagher - Director, Public Information and Education
  - a) Born Grinnell, Iowa 1912
  - b) B.A. Grinnell College 1933-35
  - c) M.S.J.- Columbia University 1936
  - d) Editor Belmont Independent 1949-68

VI. ORGANIZATION (See chart - next page)

Regional Advisory Group

- 1) Currently has 29 prime and 24 alternate members including: 17 physicians, (11 practicing), 4 osteopaths, 6 nurses, 2 pharmacists, 4 social scientists, 4 dentists, 5 health planners, 2 hospital administrators, 2 nursing home administrators, 3 other University faculty and officials, and 4 "others" including a State Legislator, a Labor Leader, a Public Instruction representative and a dietetics specialist.
- 2) The Chairman is George Hegstrom, M.D. (private practice - Ames, Iowa).
- 3) Meetings are held quarterly with special sessions as indicated.
- 4) Have good geographical distribution.
- 5) Functions: Final authority on approving project applications; assists in setting program priorities.

Executive Committee of the RAG

- 1) Composed of 7 members including the Chairman and Vice Chairman of the RAG, a hospital administrator, a nurse, the President of the Iowa Heart Association and two additional RAG members, at large.
- 2) Meets at least twice per year.
- 3) Functions: Acts as a screening mechanism for the RAG; reviews proposals, provides comments and recommendations; exerts considerable influence in the direction of the program.

Categorical Committees on Task Forces

- 1) Three categorical committees have been established to review grant applications in the areas of Heart, Cancer and Stroke.
- 2) 10 of the 17 members are medical school representatives.
- 3) Task forces have also been established in the areas of nursing, continuing education, dentistry, and social work.
- 4) Total membership of the Categorical Committees and task forces consists of 50 persons including physicians, the medical school nursing, voluntary organizations and hospital administrators.

**IOWA REGIONAL ADVISORY GROUP**

(G. Hegstrom, M.D.)

**Executive Committee**

(G. Hegstrom, M.D.)

**Budget & Finance Committee**

(R. Enos, M.H.A.)

**Nominating Committee**

(Vacant)

**Categorical Advisory & Review Committees**

Heart  
(W. Kirkendall, M.D.)

Cancer  
(H. Latourette, M.D.)

Stroke  
(M. VanAllen, M.D.)

**Continuing Education Committees**

Physicians  
(J. Sunderbruch, M.D.)

Nurses  
(Unnamed)

**Data Collection & Evaluation**

(Unnamed)

**Study Committees**

Dentistry  
(W. P. Phair, D.D.S.)

Social Work  
(B. Roemer, M.S.W.)

Nursing  
(L. Dustan, Ph.D.)

**HPCI, OCHP, IRMP Liaison**

(G. Hegstrom, M.D.)  
(T. Vigorito, D.O.)

**Project Evaluation Committees**

1. Central Stroke Educational Project  
(Unnamed)
2. Stroke Management Project  
(Unnamed)
3. Coronary Care Training Project  
(Unnamed)
4. Cancer Educational Project  
(Unnamed)
5. Pediatric Cardiology Project  
(Unnamed)
6. CPR Project  
(Unnamed)

**Area Health Planning Councils/Local Advisory Groups**

**Important Committees Outside IRMP Structure:**

- |   |   |   |
|---|---|---|
| <ol style="list-style-type: none"> <li>1. IRMP Committee - I.M.S. (H. Skinner, M.D.)</li> <li>2. IRMP Committee - I.H.A. (J. Hoak, M.D.)</li> </ol> | <ol style="list-style-type: none"> <li>3. Intramural Categorical Committee, College of Medicine<br/>Heart (R. Lauer, M.D.)<br/>Cancer (H. Latourette, M.D.)<br/>Stroke (M. VanAllen, M.D.)</li> </ol> | <ol style="list-style-type: none"> <li>4. Coronary Care Trng. Committee (Des Moines Area Commr College) (C. Gutenkauf, M.D.)</li> <li>5. State Stroke Advisory Committee - I.H.A. (Proj. Comm.) (W. deGravelles, M.D.)</li> <li>6. CPR Committee - I.H.A. (Proj. Comm.) (M. Armstrong, M.D.)</li> </ol> |
|---|---|---|

### Review Process

- 1) The project proposal is submitted by the applicant.
- 2) The project proposal is reviewed by the core staff of the Iowa Regional Medical Program. When appropriate, recommendations are made and changes in the proposal are negotiated with the applicant.
- 3) The project is reviewed by one or more of the three categorical review committees on heart disease, cancer and stroke. This review is primarily for scientific content. Recommendations are made to the Iowa Regional Advisory Group.
- 4) The project proposal is reviewed by the Iowa Regional Advisory Group at one of its four meetings held each year.

Project proposals should have the following basic requirements:

- 1) significance with respect to one or more of the major categorical diseases;
- 2) region-wide significance and application on a state-wide basis
- 3) region-wide acceptance and support and have a relationship to other health activities of the region, i.e., coordinate with established systems of health care delivery, comprehensive health care planning, etc.
- 4) contain a built-in method of evaluation and follow-up of results.

## VII. GRAND DESIGN

### A. Goals:

The three goals of the Iowa Regional Medical Program are:

- 1) To act as a catalyst and stimulus to physicians, nurses and other health professions in speeding wide utilization of the latest developments in prevention, diagnosis, treatment and rehabilitation in the three major and related categorical diseases.
- 2) To shorten the time lag now existing between the discovery of new methods and their use to the patients' benefit.
- 3) To make the highest type of service available to physicians for their patients, regardless of where they live - from the most isolated rural area to the congested heart of the inner city.

### B. Cooperative Arrangements with other Planning Groups

Communication and cooperation have been established to avoid duplication of efforts among the three planning groups of the State.

These groups include the Iowa Regional Medical Program, the Office of Comprehensive Health Planning and the Health Planning Council. The latter agency is a non-governmental body set up by the governor. It includes 16 specific geographical areas which have been recognized by all official planning groups. The community college system also recognizes this geographical breakdown for its planning efforts in providing educational facilities which include allied health opportunities. One of the priorities of the IRMP concerning manpower has been given added emphasis through the Community College training programs.

Unnecessary costs and confusion are alleviated by the following means:

- 1) An interchange of leadership of the Board of Directors of the HPC, CHP Council of the OCHP, and the RAG of the Iowa Regional Medical.
- 2) A contract between OCHP and the HPC stating that HPC will be responsible for stimulating and assisting areas in the development of area health planning councils.
- 3) An agreement between HPC and RMP to share information and reports on the activities and progress of the organizations.
- 4) A liaison committee of two representatives, each from HPC, OCHP, and RMP to meet periodically for the purpose of reviewing progress and identifying common problems.

### Priorities:

Since the primary objective of the Iowa Regional Medical Program is to provide optimum health care to all Iowans regardless of geographical location or economic status, top priority is given to projects which have region-wide significance and which tend to strengthen the health care system at the community level.

Continuing education, prevention and early detection are areas that will have the greatest impact on improving the care of persons threatened by or suffering from heart disease, cancer, stroke and related diseases. An equally high priority is given to efforts to overcome Iowa's critical manpower shortages.

Also, priority is given to those projects which demonstrate that the quality and quantity of health care can be improved through the cooperative arrangements of several institutions and organizations. This implies maximum utilization of existing community resources and cost sharing.

Most all of the above priorities are reflected in the current funded projects with the possible exception of prevention and detection. As in most regions, health professionals in Iowa are primarily involved with treating sick people. Projects dealing with prevention and detection have been slow in development. At the current time, three project applications, dealing with cigarette smoking, auscultation training and multiphasic health screening, are being reviewed by the Regional Advisory Group. Assuming that they will be approved by the total review cycle, the Region will have at least a start in achieving all of their major priorities.

### Involvement

During the planning grant period and particular during the first year of operation, there has been much activity on the part of the private physicians, the clinical faculty of the Iowa Medical School, the Allied Health professions, the community hospitals, and the two other planning agencies of the State. For example ninety-one physicians in private practice, 51 clinical faculty from the University of Iowa, and 45 health professionals representing dentistry, health education, dietetics, health administration, physical therapy, nursing home administration, occupational therapy, pharmacy, psychology, inhalation therapy, social work, sociology, radiation therapy and vocational rehabilitation have been directly involved with the IRMP.

Conclusion: As the site visitors have stated from their October 14-15, 1969 report, Iowa has made considerable progress during the first year of operational status. Field consultants have visited every hospital in the state; private medicine is cooperating with the program; the College of Medicine and its faculty have assisted through its grantee relation leadership; the Health Department and the Educational system is tuned-in with the Program. In short, the Iowa Regional Medical Program is viable and active.

**VIII. FUNDED OPERATIONAL PROJECTS**

**Note:** This narrative deals only with project objectives; progress is not described. Funding levels are noted in Table 1 of the Appendix. All projects are currently in the initial year of operation.

**#1 -- CORE ADMINISTRATION**

**Objectives:** Staff salaries, supplies, travel etc.

**#2 -- CENTRAL STROKE EDUCATIONAL PROJECT**

**Objectives:** Educational programs encompassing the latest information available on the diagnosis and treatment of cerebrovascular disease have been provided for practicing health professionals. During the first year, 18 programs were presented for physicians at the community level and attended by 225 physicians; a Cerebrovascular Disease Conference was held for 180 health professionals; three, two-week intensified training courses enrolled 10 nurses; and programs are being developed for nurses in their local communities.

**#3 -- A COMPREHENSIVE PROGRAM IN STROKE MANAGEMENT - IOWA HEART ASSOCIATION**

**Objectives:** Stroke teams in 12 communities will be responsible for educational programs for health personnel concerned with the total management of the stroke patient; consultation to physicians; strengthening arrangements in the community for continuity of care; and supervising nursing rehabilitation services.

**#4 -- TRAINING PROGRAM IN CARDIOPULMONARY RESUSCITATION**

**Objectives:** Medical and related personnel will be trained and retrained in CPR methods. Pilot studies will be made of the effectiveness of training lay personnel to use these techniques and equipping ambulance as a base for administering resuscitation to cardiac arrest victims.

**#5 -- EDUCATION AND TRAINING FOR NURSES AND PHYSICIANS RESPONSIBLE FOR THE OPERATION OF INTENSIVE CORONARY CARE UNITS**

**Objectives:** This project encompasses a training program, key training centers, advisory service to hospitals in development of ICCU's data collection, evaluation of ICCU's and utilization of the University Hospital as a treatment center.

## #7 -- COORDINATED OUT-OF-HOSPITAL SERVICES IN POLK COUNTY

Objectives: This proposal would support parts of the final year of a three-year program currently funded by a PHS grant for community planning and coordination of health activities. IRMP would be involved in the home care team activity and the information and referral center. Support requested for one year only.

## #10 -- ECONOMIC STUDIES AND DEMONSTRATION MODEL OF AN IOWA HEALTH INFORMATION SYSTEM

Objectives: (1) to create a demonstration model of a health information system which will test its economic feasibility, psychological acceptability, benefits and problems. Several groups will contribute data to the system; (2) to test models developed in the planning stage; (3) to study factors which determine the supply of medical manpower and facilities.

This program also receives Federal support from Dr. Sanazaro's program.

## #11 -- DIAGNOSIS AND FOLLOW-UP CARE OF CHILDREN WITH HEART DISEASE

Objectives: Clinics are presently conducted in Iowa for the diagnosis and follow-up of infants and children with heart disease. These clinics care for approximately 3,700 patients per year. The shortage of pediatric cardiologists threatens the quality of this program. This project is designed to alleviate the critical lack of manpower shortage by training a nurse to assume the role of a pediatric clinical associate and applying electronic hybrid computer screening techniques for the cardiovascular evaluation of children.

## #12 -- CONTINUING CANCER EDUCATIONAL PROGRAM FOR PHYSICIANS

Objectives: Continuing education programs in cancer are currently being held in several hospitals in Iowa. These programs are based on "feedback" data provided through the mechanism of a tumor registry. These programs vary according to the needs and interests of physicians and allied medical personnel in the local hospitals. Field workers help the staff of the hospitals abstract data for their participation in the registry and confer on the development of educational programs. Support for these activities presently is provided by a PHS community cancer demonstration grant, the National Cancer Institute, and the Iowa State Health Department. In this project, funds are requested that would enable additional hospitals to participate in the cancer program. Limited funds will be used to support this program in January 1970.