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FROM ITS EARLY DAYS, AS SOMETHING OF A COLLECTION OF SEPARATE AND OFTEN COMPETING INTERESTS, TO THE MORE SELF CONFIDENT PRESENT, THE CALIFORNIA COMMITTEE ON REGIONAL MEDICAL PROGRAMS HAS SHOWN A GREAT POTENTIAL FOR HELPING TO IMPROVE THE HEALTH OF CALIFORNIANS. WE BELIEVE THIS POTENTIAL HAS BEEN TURNED INTO ACTION AS THE COMMITTEE GROWS MORE ASSURED IN ITS DELIBERATIONS.

THE COMMITTEE BEGAN ON AN AD HOC BASIS IN 1965, BEFORE PUBLIC LAW 89-239 WAS ENACTED. IN KEEPING WITH A LONG STANDING CALIFORNIA TRADITION OF COOPERATION AMONG ALL MAJOR SEGMENTS OF MEDICINE AND HEALTH, THE CCRMP INCLUDED REPRESENTATIVES OF THE CALIFORNIA MEDICAL ASSOCIATION, CALIFORNIA HOSPITAL ASSOCIATION, THE MEDICAL SCHOOLS, THE STATE HEALTH DEPARTMENT, THE MAJOR SCHOOLS OF PUBLIC HEALTH AND THE HEART AND CANCER SOCIETIES. VERY SOON AFTER ITS FORMAL INCORPORATION UNDER STATE LAW, THE COMMITTEE ADDED SEVERAL DISTINGUISHED PUBLIC

MEMBERS TO BROADEN STILL FURTHER ITS VIEWPOINT AS BOTH AN ADVISORY AND POLICY-MAKING BODY FOR REGIONAL MEDICAL PROGRAMS IN CALIFORNIA.

IN ITS FIVE YEARS OF ACTIVE LIFE, THE COMMITTEE HAS ESTABLISHED SEVERAL SUBCOMMITTEES, EITHER ON A PERMANENT BASIS OR TO MEET ACUTE NEEDS WITHIN A SHORT PERIOD OF TIME. FOLLOWING ADOPTION OF BY LAWS

/ A PERMANENT COMMITTEE OF STAFF CONSULTANTS WAS CREATED, WITH A REPRESENTATIVE APPOINTED BY EACH INSTITUTIONAL MEMBER OF THE PARENT BODY, TO CARRY OUT THE POLICY DIRECTIVES OF THE CCRMP AND TO MAKE RECOMMENDATIONS FOR PROGRAM ACTIVITY AND DIRECTION. THIS GROUP ESTABLISHED SEVERAL SUBCOMMITTEES OF ITS OWN - TO DISCUSS DATA NEEDS, OBJECTIVES, EVALUATION AND COMMUNICATION. LATER, AS OPERATIONAL PROJECTS WERE FUNDED, COORDINATING COMMITTEES WERE SET UP FOR CORONARY CARE TRAINING, STROKE ACTIVITIES AND OTHER CATEGORICAL DISEASE INTERESTS SET FORTH IN THE LAW. THE STAFF CONSULTANTS COMMITTEE HAS THUS BEEN DELEGATED

THE DAY -TO-DAY RESPONSIBILITY FOR THE SUCCESS OF THE REGION'S PROGRAM, ALTHOUGH FINAL DECISIONS CONCERNING WHAT THE PROGRAM SHALL BE REST WITH CCRMP.

OTHER SUBCOMMITTEES OF THE CCRMP WERE CREATED FOR BY-LAWS AND MEMBERSHIP, PROGRAM DIRECTION, TO SETTLE A QUESTION OF BOUNDARY LINES BETWEEN TWO OF THE AREAS IN THE REGION, AND FOR THE ORGANIZATION AND PROCEDURES OF THE CCRMP ITSELF.

ALTHOUGH IT DOES NOT MEET OFTEN, THE MEMBERSHIP COMMITTEE IS A STANDING BODY, AND IS CHARGED WITH MAKING RECOMMENDATIONS FOR CHANGE IN THE REPRESENTATIVE MAKEUP OF THE FULL COMMITTEE - HOW THE NURSING PROFESSION OR DENTISTS CAN BEST BE REPRESENTED, FOR EXAMPLE--AND THE MEMBERSHIP COMMITTEE IS ASKED TO RECOMMEND NEW PUBLIC MEMBERS FROM TIME TO TIME.

THE AD HOC BOUNDARY COMMITTEE WAS ESTABLISHED FOR THE SOLE PURPOSE OF DEVELOPING RECOMMENDATIONS THAT WOULD SERVE THE INTERESTS OF A COMMUNITY THAT HAS STRONG PERSONAL AND PROFESSIONAL TIES WITH TWO MEDICAL SCHOOLS.

AS THE CCRMP EVOLVED OVER THESE FIVE YEARS IT BECAME APPARENT THAT ITS REVIEW PROCEDURES WERE UNEVEN AND AT TIMES INEQUITABLE.

IN ORDER TO DEVELOP A REVIEW PROCESS THAT WOULD STRIVE FOR TECHNICAL PROFICIENCY AND FAIR HANDLING OF FUNDING REQUESTS, AND AT THE SAME TIME A PROCESS THAT WOULD BE WELL UNDERSTOOD THROUGHOUT THE REGION, THE ORGANIZATION AND PROCEDURES SUBCOMMITTEE WAS ESTABLISHED, WITH DEAN GROBSTEIN AS ITS CHAIRMAN.

THE MOST RECENTLY ESTABLISHED SUBCOMMITTEE, ON PROGRAM DIRECTION, HAS ADDRESSED ITSELF TO THE DEVELOPING NATIONAL PRIORITIES ON HEALTH AND TO CLOSER WORKING RELATIONSHIPS WITH COMPREHENSIVE HEALTH PLANNING

EFFORTS IN CALIFORNIA.

AS ONE OF ITS FIRST DUTIES THE CALIFORNIA COMMITTEE ON RMP DELEGATED THE RESPONSIBILITY FOR PLANNING IN THE REGION TO THE EIGHT EXISTING MEDICAL SCHOOLS. EACH AREA WAS ASSIGNED A GEOGRAPHIC TERRITORY AND BEGAN TO ORGANIZE ITSELF AS A SUBREGION. AT A RECENT MEETING OF THE CCRMP A NINTH AREA WAS ESTABLISHED TO SERVE THE NEEDS OF HALF A MILLION PEOPLE IN THE WATTS-WILLOWBROOK SECTION OF LOS ANGELES.

THIS NEWLY CREATED SUBREGION IS ADMINISTRATIVELY BASED AT THE CHARLES DREW POSTGRADUATE MEDICAL SCHOOL, WHICH IS GETTING UNDERWAY WITH THE HELP OF RMP FUNDS.

THE CCRMP AS MOST OF YOU REMEMBER, BEGAN WITH 27 MEMBERS, INCLUDING 8 PUBLIC MEMBERS, AND WAS EXPANDED LAST YEAR TO 30, ADDING REPRESENTATIVES FROM THE TUBERCULOSIS AND RESPIRATORY DISEASES ASSOCIATION, CALIFORNIA

NURSING AND CALIFORNIA DENTISTRY. FIVE MORE REPRESENTATIVES WERE
ADDED THIS YEAR, IN RECOGNITION OF THE NEEDS OF THE CALIFORNIA PROGRAM,
ITS STRENGTHENING TIES WITH COMPREHENSIVE HEALTH PLANNING, AND THE
1970 LEGISLATION WHICH ADDS KIDNEY DISEASES TO THE CATEGORICAL
EMPHASIS OF RMP AND DECREES THAT NEW COOPERATIVE ARRANGEMENTS SHOULD
BE MADE WITH THE VETERANS ADMINISTRATION.

IF THERE IS ONE PARTICULAR POINT I WOULD LIKE TO LEAVE WITH YOU THIS
MORNING IT WOULD BE MY FIRM BELIEF THAT THE CCRMP IS GROWING MORE
MATURE, CONFIDENT, EFFECTIVE AND ABLE TO CHANGE WITH THE TIMES.

PERHAPS AN EXAMPLE THAT WILL UNDERSCORE MY FEELINGS CAN BE SEEN IN THE
EVOLUTION OF THE REVIEW PROCESS. THOSE OF US ON THE CCRMP WHO SAT
DOWN FIRST TOGETHER AS A GROUP FIVE YEARS AGO WERE WILLING TO TRY
THIS NEW PROGRAM, BUT WE WERE NOT ALL SURE IT WOULD WORK.

EACH OF US, I'M SURE, FELT THAT THERE WERE SOME VESTED INTERESTS THAT WOULD BE DIFFICULT TO MOVE TOWARD THE SPIRIT OF THIS NEW LEGISLATION. AT OUR FIRST MEETING WHERE OPERATIONAL PROJECT REQUESTS WERE TO BE CONSIDERED NO ONE OFFERED A SINGLE COMMENT THAT WOULD REFLECT ON THE MERIT OF THE PROPOSALS. THIS KIND OF REVIEW AND DISCUSSION WAS NEVER REPEATED, BUT IT TOOK US MANY HUNDREDS OF MAN HOURS BEFORE WE REALLY BEGAN TO ACCEPT THE FACT THAT WE HAD TO MAKE HARD DECISIONS. ONE OF THE FIRST RECOMMENDATIONS OF THE ORGANIZATION AND PROFEDURES COMMITTEE WAS TO ESTABLISH A SYSTEM OF PRIORITIES AS WE ENTERTAINED REQUESTS FOR PROJECT FUNDING. WE BEGAN TO CAST WRITTEN BALLOTS AT EACH MEETING, AND RATING EACH PROJECT REQUEST ON A PRIORITY SCALE. THESE PRIORITIES WERE MAINTAINED UNTIL A PROJECT WAS FUNDED,

AND FUNDS WERE AWARDED ON THE BASIS OF THE PRIORITIES, WHICH, ONCE THEY ARE ESTABLISHED, CANNOT BE CHANGED. THIS SYSTEM HAS BEEN IN EFFECT NOW FOR MANY MONTHS, AND CCRMP MEMBERS HAVE GROWN USED TO IT AND DEPEND MORE HEAVILY WITH EACH MEETING ON THE TECHNICAL REVIEW PANELS THEY HAVE ESTABLISHED TO HELP THEM REACH THEIR DECISIONS. THUS WE BELIEVE THAT THE REVIEW PROCESS IS A DYNAMIC EXAMPLE OF HOW THE CALIFORNIA COMMITTEE ON REGIONAL MEDICAL PROGRAMS IS GROWING INTO AN INCREASINGLY SOPHISTICATED INSTRUMENT FOR HELPING TO IMPROVE THE HEALTH CARE PROVIDED FOR CALIFORNIA'S 20 MILLION CITIZENS.

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