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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REGIONAL MEDICAL PROGRAM SERVICE COUNCIL MEETING

EXECUTIVE SESSION

Rockville, Maryland
Tuesday, 9 November 1971

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REGIONAL MEDICAL PROGRAM SERVICE COUNCIL MEETING

EXECUTIVE SESSION

Conference Room GH
Parklawn Building
5600 Fishers Lane
Rockville, Maryland

Tuesday, 9 November 1971

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EXECUTIVE SESSION

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2 DR. MARGULIES: There are three issues that we need
3 to talk about, and they all require a little careful consid-
4 eration which may be more comfortable with this arrangement.

5 One of them has to do with a continuation of the
6 discussion we have had over, I think, the last two meetings of
7 the Council, and that is the effort to develop a more coherent
8 program in Ohio.

9 For those of you who were not here before, the
10 issue is a fairly simple one but gets more complicated as you
11 get more involved in it, and fortunately Sewall Milliken is
12 here to help us through the paces because, as I think you all
13 know, he is the Director of the CHP A Agency in Ohio.

14 The big problem was generated by the fact that in
15 Ohio there were three RMP's that were pretty much confined to
16 the State, Northwest Ohio located in Toledo, Northeast located
17 in Cleveland, and Ohio State at the University. In addition
18 to that, there is that part of the Ohio program which we just
19 reviewed which comes out of the Ohio Valley RMP, and that is
20 a separate consideration because that seems to be functioning
21 well enough to be left alone.

22 Northwest Ohio has been abysmally bad, and has been
23 under such fire that it was as close to being dissolved as an
24 RMP can get.

25 The Northeast program had some beginning

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1 characteristics of real promise. It had a coordinator who
2 was there during the planning phase and who contributed tre-
3 mendously to its development and left. He has not been re-
4 placed. So that ever since that time Northeast has done
5 without a coordinator.

6 The Ohio State program has been at best pedestrian
7 and has just managed to get along, and that's about all.

8 What we did was to pull in these people repre-
9 senting all those programs, plus Ohio Valley RMP, and tell
10 them we would like to have them enter into a discussion which
11 would lead to an effective consolidation of their efforts,
12 laying it before them in clear terms which were that we were
13 not talking necessarily about a statewide program, but it did
14 no good to say that -- that became their conclusion -- secondly,
15 that it was based upon the fact that their programs had de-
16 veloped very poorly, and would face very great difficulty in
17 getting additional fundings, and third, that there was an
18 obvious wastage in having three programs, whether they were
19 good or not, operating within a single State.

20 This led to a series of meetings in which we, as
21 well as we could, kept our hands off and gave them an oppor-
22 tunity to negotiate with one another and come to some reason-
23 able conclusion. Well, this activity flowered up to a certain
24 point and then a few petals fell off, and so we have a part
25 of a flower to present to you today, and I don't know whether

1 you will enjoy what remains of the aroma.

2 What came out of what is an extensive series of
3 activities was a series of communications which are confusing
4 but which come out this way: That the Ohio State program,
5 located in Columbus, the Northwest Ohio program, located in
6 Toledo, have seen it reasonable for them to unite, and they
7 have proposed that they be united. They were not able to
8 attract a similar sort of conjunction of interest on the part
9 of Northeast Ohio, which said, "Well, we think we can do
10 better on our own, and in any case it isn't a statewide pro-
11 gram," et cetera, et cetera.

12 My response up to the present time has been to
13 then that this is apparently a partial response to what was
14 clearly not a directive from me or a mandate from the Council,
15 but rather a strong nudge on your part for them to get to-
16 gether, and my tentative response to them has been that we
17 would regard this kind of an arrangement, which really reduces
18 the program from three to two as interim, that the evidence
19 of Northeast Ohio being able to produce effectively remains
20 vague, that their claims that they can't get a coordinator
21 because of the national instability of the Regional Medical
22 Program comes out about the same as the team that claims that
23 it lost the game because it was raining, because it rained on
24 the other team as well, and we are still not satisfied with
25 this kind of a solution.

1 What we did in practical terms at the meeting of
2 the Council before last was to say that we would give them
3 six months funding, which would carry them through December
4 31, and in order to sharpen their attention to the issues,
5 which it tended to do.

6 We then, in extending the support for those pro-
7 grams beyond December 31, as we had to this late in the year,
8 agreed that we had to follow the relative ranking principles of
9 the RMP's, and so they have been reduced from the level at
10 which they are operating because they come clearly in at the
11 bottom end of the scale. They protested a little but I said
12 that they still were the same programs that they were, and
13 no change had occurred.

14 Now, what is before you is a consideration of what
15 you would like to propose be done, about what is at the pre-
16 sent time in their view a clear-cut application for a separate
17 and new status for the new programs which want to combine, and
18 a continuation of the status of the one which wishes to re-
19 main as it was in Northeast Ohio.

20 My immediate reaction to that, which I'd like to
21 present for your consideration, is that the Council as yet,
22 in fact this staff has engaged in these discussions not at
23 all, and that before we reach any kind of conclusion about
24 whether they had gone as far as they should or could or
25 whether this is an effective arrangement, we need to have on

1 the part of staff, and I would like to think on the part of
2 Council, some direct involvement with the decisions that they
3 went through, how they reached them, and report back to
4 Council based upon, in this case, a visit which would include
5 representatives from the Council and probably from the review
6 committee, to talk with them now about how satisfied they were
7 with this solution.

8 There are a lot of questions left unanswered in
9 this whole series of events, and it has not come out with a
10 complete consolidation of the programs in Ohio. I rather sus-
11 pect at this point in the whole series of circumstances that
12 there is not a likelihood that Northeast will in fact join the
13 other groups.

14 Now, the arrangement that Ohio is proposing is the
15 establishment of the program under the aegis of the Ohio State
16 Foundation, which is similar to the Ohio Valley RMP, that is,
17 a kind of separate corporate body which they believe is dis-
18 tinct from the university and which would not therefore be
19 controlled by Ohio State University. They have set up an in-
20 terim group which represents a kind of regional advisory group
21 of the combined programs, and they have an interim coordinator
22 in the form of Dr. Pace, who currently is the official coordi-
23 nator of the program at Ohio State.

24 Now, Sewall, you may be able to add considerably
25 to that account.

1 MRS. MARS: What population factors are involved
2 in each program?

3 DR. MARGULIES: In fact, the area which Northeast
4 Ohio serves represents a very large segment of the population,
5 because that's the Cleveland area, and the contiguous regions.
6 As a matter of fact, when you lop off the part that Ohio
7 Valley RMP has, it probably accounts for over 50 percent of
8 the population of Ohio. Isn't that the case with Northeast?

9 MR. MILLIKEN: It's 40 percent, actually, in about
10 four counties. It's 50 percent if you add another ring of
11 counties.

12 DR. BRENNAN: That would include Cleveland, Youngs-
13 town, Dayton?

14 DR. MARGULIES: No, Dayton is different.

15 DR. BRENNON: I mean Akron.

16 DR. MARGULIES: Yes.

17 MR. MILLIKEN: And 60 percent of the professional
18 health manpower for the State.

19 MRS. MARS: How does it compare as far as rural and
20 urban?

21 DR. MARGULIES: I think the Northeast area is
22 pretty much urban.

23 MRS. MARS: Ohio really has very little rural.

24 MR. MILLIKEN: Highly industrialized and high per-
25 centage of labor involvement in health services, organized

1 labor.

2 DR. MILLIKAN: How long have they literally been
3 without a full-time coordinator?

4 DR. MARGULIES: The Northeast Ohio program has been
5 without a full-time coordinator for about a year-and-a-half.
6 They have an acting coordinator.

7 One of the problems there, and I think we all under-
8 stand, is an extension over time of the internal warfare in
9 the city of Cleveland, which is legendary, involving Case
10 Western Reserve, the Cleveland Academy, and so forth, and
11 they somehow don't seem to be able to resolve that, and the
12 RMP is offering the opportunity to prove that they still
13 haven't resolved it. The problem of getting a coordinator has
14 much more to do with those issues, I think, than anything else.

15 MR. MILLIKEN: Dr. Robbins told me yesterday that
16 they have three applicants, two of whom look very good, and
17 they are willing to come, and they expect a decision within a
18 few days.

19 DR. MARGULIES: Well, what they have asked for is
20 a recognition of this new activity in the two that are joined
21 as of December 31st, and I can't see how the Council can re-
22 spond to that request on the basis even of the extensive
23 correspondence which we have had. So what I would like is to
24 have you accept and extend this period of interim arrangement
25 a little longer period, and for at least two members of the

1 Council and others to go out and spend some time with the
2 various participants and get a clearer picture of what their
3 expectations are, how they reached their decisions, and then
4 come to the conclusion about what could be done.

5 My own impression of the Northeast program is that
6 it does in fact have far greater potentiality as a total re-
7 source than the rest of the group. People like Robbins,
8 you've got some real leadership and some real imagination.
9 I've been very disappointed in Toledo, that the dean of the
10 medical school, who is a very imaginative person, has been
11 relatively uninvolved in RMP, but I understand, Sewall, that
12 recently he has become more involved. I don't know whether
13 that's true or not.

14 MR. MILLIKEN: This is a man who has resigned and
15 left now.

16 DR. MARGULIES: That's the president of the insti-
17 tution, but the dean is a guy of some real competence.

18 MR. MILLIKEN: Right.

19 DR. MILLIKAN: You are talking about six months'
20 continuation of the interim arrangement?

21 DR. MARGULIES: I am thinking about taking no
22 action until there has been an opportunity to come back --
23 but we would have to extend them certainly for another six
24 months as they are, into July 1, and then take any interim
25 consideration in February when the Council meets again.

1 DR. CANNON: So move.

2 DR. MILLIKAN: Second.

3 DR. MARGULIES: Any further discussion?

4 All in favor say aye.

5 (Chorus of ayes.)

6 Opposed?

7 (No response.)

8 I was going to try to find someone on the Council
9 to go out, who had been there before, but interestingly
10 enough no one on this Council has been in the Ohio program in
11 the past that I know of.

12 DR. BRENNAN: It's probably a good thing.

13 DR. MARGULIES: It probably is. So we will have to
14 get with somebody in the very near future and find out whose
15 schedule will fit in and work it out accordingly.

16 We have had people on the review committee who have
17 been there in the past.

18 (The remainder of the executive session was
19 not reported.)
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End
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