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Transcript of Proceedings

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REGIONAL MEDICAL PROGRAM SERVICE COUNCIL MEETING

Rockville, Maryland
Wednesday, 10 November 1971

ACE - FEDERAL REPORTERS, INC.

Official Reporters

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Washington, D. C. 20002

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Conference Room GH
Parklawn Building
5600 Fishers Lane
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P R O C E E D I N G S

DR. PAHL: May we come to order for the morning's meeting.

We have a reasonable amount of business on the applications, but if we proceed in good order I suspect we can finish before we get too far into the early afternoon, and I would suggest that we start this morning with the Indiana triennial application with Dr. Brennan as the principal reviewer and Dr. Musser as the backup reviewer, and Mr. Torbert as our staff resource individual; and following that application we will then proceed with the Virginia application and I would appreciate knowing if there are early departures contemplated by other council members so that we'll be able to rearrange matters, but please don't all depart.

Dr. Brennan, would you like to proceed with the Indiana findings?

DR. BRENNAN: I will move that the recommendations of the Review Committee and the Site Visit Committee, which are identical, be accepted by the Council.

DR. PAHL: Dr. Musser is not here at the moment. Is there a second to the motion?

MRS. WYCKOFF: Second.

DR. PAHL: The motion has been made and seconded to accept the Committee's recommendation on the Indiana application on the triennial application. Is there discussion

by the Council? Staff? If not, all in favor of the motion please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

Dr. Merrill, since you and Dr. Schreiner have both had the opportunity now to review all of the kidney aspects and since this motion did include a kidney recommendation, it is my understanding that the motion includes, with your concurrence, the kidney proposal; is that correct?

DR. MERRILL: Yes.

DR. PAHL: Okay.

Let's take the "Virginia" application, which is an anniversary application, with Dr. Everist as principal reviewer and Mr. Hines as backup reviewer and Mr. Hinkle from our staff.

DR. EVERIST: This is an anniversary continuation grant application for the 03 operational year that was site visited by the reviewer and others on September 13 and 14 last. This application has not had a staff anniversary review panel study but has been reviewed by the Review Committee, and there is general agreement between the site visit team and the Review Committee's report. The region has had a slow start with the original grantee designated as the

University of Virginia School of Medicine in Charlottesville, then changed to the Medical College of Virginia in Richmond, now known as the Virginia Commonwealth University, and in March of 1971 the grantee became the Virginia Regional Medical Program, Inc.

The region has had a developmental component disapproved in the February 1971 review cycle; and this marks the difference between the recommendations of the site visit team and the Review Committee, although the site team did withhold total commitment for the developmental component to await further information from Doctor Perez, the director of the region.

The Virginia Regional Medical Program has had a rather difficult time establishing good rapport with the medical establishment in Virginia. They have done this on the basis of categorical emphasis and are now accepted as a viable agency. The redirection of Regional Medical Programs has caused some difficulty in Virginia, and we were appraised of this, with refreshing candor, by the director. Despite the difficulties, the region has accepted the challenge and will proceed, albeit cautiously, into this decade. However, at the moment the program is categorical; the projects are categorical; but the outlook is new. The site visit team was impressed with the enthusiasm of the director and staff and came away from the visit with the feeling that the program

is going to move as rapidly as possible in the face of some rather overwhelming archaic anchors. They have a strange review and management system, but it is legal and apparently works. The region requested $1,551,251. The site visit recommended $1,050,000, and the Review Committee, $1,010,000, deleting the $80,000 developmental component but adding $40,000 to core to be used as catalytic funds. This tangential method of handling discretionary funds is rather disheartening but it is the Review Committee's opinion that the region needs another year of maturity before the status of the developmental component is awarded. I could find no major fault with the description of how the developmental component would be used from page 74 through page 78 of the application. However, there could be some question about the maturity of their review process, particularly the inexperienced majority of the RAG.

I, therefore, concur with the Review Committee's recommendation to award this region $1,010,000 for the third operational year, from January 1, 1972 through December 31, 1972, and I so move.

MR. HINES: I second. I have nothing to add.

DR. PAHL: Okay. The motion has been made and seconded for approval of the Committee's recommendations on the Virginia application. Is there Council discussion? Any comments from staff?

DR. EVERIST: There is a kidney project.

DR. DE BAKEY: I'd simply like to say that it is heartening, since I was on the first site visit to the Virginia area, to see the change that has taken place there. It's quite a radical change since I was on the first site visit there, and even the changes that have taken place I think they are moving into this thing.

DR. PAHL: If there's no further discussion, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

May we now turn to the triennial application from Iowa with Dr. McPhedran as the principal reviewer, Mr. Milliken as backup reviewer, Mr. Zizlavsky from our staff.

DR. MC PHEDRAN: We have a peculiar dilemma in considering this triennial application because the excellent program coordinator and staff felt that they would be embarrassed, even hampered, in pursuit of their excellent program goals, priorities and objectives if they were to receive the full amount request; that is, "requested" in quotes; of $1.147 million because that includes a request for funds to make projects operational which had been previously approved but unfunded and which they now feel are peripheral

to their new main objectives.

I think that the first sheet in the Review Committee's deliberations which you have in the folder, the first of the blue sheets, summarizes the financial dimensions of this dilemma, and the Review Committee solved their problem by recommending that the coordinator and his staff's request be met and the sum for that would be $800,000 more or less. It is kind of a rough estimate but it includes funding -- that's based on funding of $625,000 for the present year -- that is level funding between the present year and the upcoming one -- plus development component, plus a certain figure of $100,000 that I'm afraid I don't know exactly how that was arrived at, but it is substantially lower than this total paper request of $1.147 million.

Because this might give an erroneous impression about the program as a whole, I'd like to reiterate that the impression of the site visitors was that this was an excellent Regional Medical Program. For example, in the performance category, they have apparently engaged the active interest and participation of the state medical society, of the osteopathic medical school and of the state medical school, so that their cooperative arrangements around the state really appear to be first-rate without any serious exceptions we could find.

The process that they use, for example, in Regional Advisory Groups, was imaginative and thoroughly

professional. One of the really entertaining things that they had done was to provide a debate forum for some of the important issues of the day in the Regional Advisory Group, and this appears to have been very successful in encouraging participation by members of the Regional Advisory Group.

It's difficult to find a serious exception to this praise, this "p" in appraise, except that the evaluation part of it seemed to be weak, but that's something that they shared with many other regional medical programs.

On the whole, I think that Dr. Weinberg and his staff may be more nearly correct; that is, that the previously unfunded but approved projects may be more of a millstone around their necks than a help. They are mostly categorical projects. I understand that there has been a great deal of pressure brought to bear on the Regional Advisory Group and on the core staff to see to it that at least one of these projects was funded. Dr. Weinberg thought that he could manage this -- could handle this, so that I guess I'm inclined to support the Review Committee's final recommendation of $800,000 for the first year triennium and then the other figures as noted on the blue sheet.

So I move that we accept the Review Committee's recommendation. I would like to hear comments, though, from others, from Dr. Margulies and others, who may have views about this.

MR. MILLIKEN: I second the motion.

DR. PAHL: The motion has been made and seconded. Mr. Milliken, would you care to make any comments?

MR. MILLIKEN: Really, I agree with the doctor. The only thing that I would say is that I think this is an unusual cooperative relationship between VRMP and other state interests in development of their programs and is really far down the road and not just on paper. This would be my only comment.

DR. MARGULIES: The only comment I'd like to make is directed to the rather unusual circumstances here. Ideally, one would like to think that the Regional Advisory Group would be in a position to discontinue its approval of what it approved in an earlier era. In fact, the pressure which has been placed on them, particularly on one project, has been from one congressman who represents a district in the state and who has enlisted the support of the speaker of the House of Representatives of the state and who sent his personal representative and the speaker of the House to enter the Regional Advisory Group meeting and tell them that this activity simply had to be funded; and it does place all of them in a terribly difficult position.

I'm not sure, however, that judging by the frequent telephone calls we get from the same source, that a reduction of the funding is going to resolve their problem.

I would like to think so, but the fact remains that those who are paying attention to the funding will know that there is money there, that the project has been approved, that there's no reason why these funds can't be used for what they insist they ought to be used for. We may be buying some time with this kind of arrangement.

There might be other ways of buttressing the coordinator and the staff and the slightly less secure Regional Advisory Group by any action that the Council might want to take; but they are in a very tight spot and it isn't evidenced in my judgment, either, that there is weakness in this program, but rather that the pressure which is being placed upon them is unrelenting.

DR. BRENNAN: Well, what's wrong with it? Let's get it out on the table. What's wrong with the things that they wanted to do?

DR. MARGULIES: Well, the one that has been most strongly pushed is one of those kinds of projects which in the project review mechanism occasionally went the route that was not expected. It was a simple, familiar mechanism. The Regional Advisory Group at that time, which had a little less vigor, decided that the one project in particular from Red Oak was professionally unsatisfactory and thought that that would become obvious through the review process as it went national. Now, unfortunately, the Review Committee and the Council were

not very enthusiastic about it either but they decided to go along with what they assumed was the intent of the Regional Advisory Group and it got approved. So it then became approved but unfunded to everybody's consternation, and it is that particular project that this one congressman is most concerned about and he seems to have made a personal commitment to his constituency that that project is going to be approved and this has led on his part to an attack on the whole Iowa RMP with strong threats that he's going to do something about the whole business and so forth, that it isn't representative, that it is not taking care of the needs of Iowa and so on. So they really are under the gun.

About the only alternative we might have would be a very strong recommendation to the Iowa RMP that they do not fund those previously approved projects which appear to be inconsistent with their new goals and would be a deterrent rather than a support for what they are attempting to do.

DR. MC PHEDRAN: Well, we sort of took that kind of recommendation up with them when we were there. That was an idea that had appealed to me, that perhaps if we recommended that funds be granted and specifically excepted projects that we thought were not consonant with their new goals that this would be a help. Quite to the contrary, Dr. Weinberg didn't think that would be a help at all.

His view was that the more appearance there is of

direction from here, the less acceptable in the whole state the whole program is; that if he can manage these differences himself, he'll do a good deal better than if he appears to be playing the tune that we write out.

So I think maybe it's better to just do what he says, and that is essentially what the Review Committee did.

DR. BRENNAN: It's odd that he would make such a big fight over that.

DR. MC PHEDRAN: Well, it's a little odd that somehow we didn't catch on to this until last ten minutes of the feedback session. You would have thought that we would have been able to catch the drift of this wind before that, but we didn't.

DR. MARGULIES: Just to make sure we all understand how the pressure is mounting, the point of attack right now by the subject congressman is the coordinator, and he is saying that he is dominating and blocking activity; and Dr. Weinberg is willing to take on that responsibility and he's a tough guy who knows what he's doing, so if that's his recommendation, I don't see why we shouldn't respect it.

DR. BRENNAN: We've got a job for him in Michigan if he's removed.

DR. KOMAROFF: Is there any way that the developmental component could be expanded so that we would avoid a reduction in overall funds and we would still keep the focus

of the pressure on him which is apparently where he wants it; not ourselves exempt those projects from being funded, but buttress the developmental and let him do what he wants with it?

DR. MC PHEDRAN: Well, I don't know how that could be done. This includes a recommendation for developmental funding. I should have said that specifically.

DR. PAHL: Is there further discussion? If not, all in favor of the motion to accept the Committee's recommendations for the Iowa application, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

We now turn to the anniversary section of the book and review the "New York Metropolitan RMP" application. Dr. McPhedran is principal reviewer; Dr. Millikan is backup reviewer and Mr. Kline from our staff.

DR. MC PHEDRAN: The items requiring Council action in the New York Metropolitan anniversary request are on this white sheet, and do all the Council members have that little yellow appendix on theirs? I think they do. The items requiring Council action are noted on the white sheet and the stapled yellow attachment.

The amount of $2.235 million which is recommended

the site visit team that went there in December 1970 that approved developmental funding for this region.

This amount of $2.235 million is within the limit that Council had previously recommended.

What specifically requires Council action now really is a request for new funds, a separate request; that is, in Project 29, a Long Island Jewish Medical Center Queens Hospital Center affiliated request; and this is to revamp a big city out-patient department. The request is really a very good one I think. It's well written. It goes over problems of big city out-patient departments that are familiar to many people here and proposes solutions for them that seem to be sensible and intelligent.

This is essentially a project review, as it has to be. It was felt by the staff anniversary review panel that because of health testing equipment and health testing that was proposed in this Project 29 that it fell outside of our Council limitation on multiphasic health testing, but on further discussion it appears that's not the case; that whatever equipment is to be purchased is really part of changing the whole out-patient setup in this hospital and it really is not

an automated health testing system in the sense that we have discussed it a time or two ago.

A series of meetings have taken place between RMPS staff and the New York Metropolitan staff and they have come up with the recommendation that's on this little yellow appendage here, which is that Project 29 be approved in principle, as Dr. Brightman from New York had recommended, and that a sum of money, $100,000, from RMPS would be requested as new money. This is in addition to the previously suggested $2.235 million; that this $100,000 be approved; and that other funds could be got from other sources. This was actually the original intention of the New York Metropolitan Regional Medical Program and they feel that they can make this project go if they have this assistance from RMPS.

So, to reiterate, the request is for $2.235 million for the third year; for $100,000 in addition to that for the Queens' project.

These discussions enabled staff here and staff at the New York Metropolitan Regional Medical Program to discuss together a number of things that apparently will be useful in preparing their triennial application which will come to us about a year from now.

This is another, I think, very good regional medical program. They have made great strides in reorganizing their relationships with the several medical schools. They

have changed their affiliation of these medical schools materially, especially in the last year, so that now the arrangement is that the medical schools must come to the Metropolitan Regional Medical Program with project proposals with specific objectives in mind, and there is no longer going to be simply the support of somebody who is nominally RMP at the several medical schools, and it appears that the Regional Medical Program office has made this stick so that, for example, in some of their latest deliberations when medical schools didn't come in with a project at all or didn't come in with it specified well enough, they didn't get -- the support was not forthcoming. So it appears that this is really a good progam. I think it's worthy of our support and I move recommendation of the figures which you see here and which I just went over. The $2.235 million includes a ten percent developmental component.

DR. MILLIKAN: Second the motion.

DR. PAHL: The motion has been made and seconded. Is there Council discussion?

DR. BRENNAN: I think this is the first time we've heard of a project in a major metropolitan area RMP described as very good organization. That's encouraging.

DR. PAHL: Is there further Council discussion on the motion? Comments from staff? If not, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

Before we turn to the "Tennessee/Mid-South" anniversary application, I'd like to have the record show that Mrs. Mars was absent during the Virginia application proceedings and I would also like to indicate for the record that the kidney proposals in today's motions are assumed to have received the endorsement of Drs. Merrill and Schreiner unless discussions indicate otherwise. We will be coming, of course, to some specific kidney proposals. I'm referring to the ones which are included in the recommendations we have already made on this morning's applications.

If we may now turn to the "Tennessee/Mid-South" application, Mrs. Wyckoff as principal reviewer; Mr. Milliken as backup reviewer; Mr. Reist from staff.

MRS. WYCKOFF: This is a request for $2,530,459 for the fifth operational year. The project exceeds Council's previously approved level of funding at $2.19 million. It requires no action.

In this request is included the developmental component of $190,620 and a renal disease patient care system group of projects totaling $266,342.

The staff anniversary review panel recommends that the region be funded at the present rate of support, namely,

$1,906,203. This does not include funds for the renal project. If Council approves these, then the sum recommended should be added to this level.

The panel does not recommend approval of the developmental component of $190,620. This recommendation disappointed me very much because at our last site visit we thought that the developmental work being done by core was not only a new dynamic thrust but was within line with the national goal and was, in many ways, the best part of the program. You may remember that we encouraged Dr. Shapiro to pursue this developmental work as a core activity.

This past year, approximately $105,000 has been used for this purpose, for such activities as the community outreach program, the practice assistants model in a rural area and the Meharry and Vanderbilt student coalition activities in Appalachia. For this, we recommended core support only and suggested the region reapply for a developmental component later.

The heart of the problem in making the developmental grant was in the fact that it is now regarded as a merit award for a genuine creative ability in decision making by the RAG. Regrettably, this degree of maturity and balanced self-government does not appear to have been achieved here quite yet. The excellent developmental work done by this region has been the result of a creative core staff and director with the

RAG in a minor role; one of the principal disadvantages being the RAG's narrow representation heavily weighted with medical school and practicing physicians, mainly from Nashville; and due to the domination of the grantee in selecting appointments to the RAG.

The net result has been that a few large projects remain on dead center and have not moved forward with national priorities, nor do they conform to objectives and goals focused on health care delivery, local goals and objectives.

RMPS staff has made several site visits and has found a need to reexamine the region's goals and update them in the light of new national priorities. RAG by-laws need to be updated to be consistent with current legislation and to provide better working relationships among the institutions sponsoring RMP.

Progress has been made in the decentralization of this program and the establishment of seven area advisory committees which are now using hard data in their program planning. The region now has a health data joint working group with CHP and the state health department.

RMP site visitors evidently found that the project monitoring and review was excellent. New activities proposed for implementation are within the scope of the goals and objectives established at the beginning of this triennium.

I think I concur with the staff panel's recommendation

of the RAG of the Tennessee/Mid-South be given the hard choice of funding the excellent developmental proposal within a limited budget or pursuing the old course. This means approving a grant of only the present current rate of $1,906,203; not including the renal program; but I hope this will be the last time we have to use this method, because somehow, ostensibly, I feel we get better mileage out of judicious reward plus guidance than we do from prolonged punishment.

The Ad Hoc Panel on Renal Disease reported its findings on Project #58 and recommended a considerably reduced amount. Perhaps one of our genuine renal experts would like to report on this and explain the reasons for these recommendations.

DR. PAHL: Thank you, Mrs. Wyckoff.

DR. SCHREINER: Which one is genuine?

DR. PAHL: While we're deciding that issue, perhaps Mr. Milliken would have some comments.

MR. MILLIKEN: I agree with Mrs. Wyckoff's report and again I think this has the basis for a strong program development and I am likewise concerned with the approach to them in terms of holding them back rather than some positive support on new activities.

DR. PAHL: Thank you.

MR. MILLIKEN: I would second the motion.

DR. PAHL: The motion has been made and seconded. May we have a comment from Dr. Schreiner or Dr. Merrill relative to the kidney?

DR. SCHREINER: I think in general the comments are good. I'm a little disturbed about one which shows the fine hand of a consistent prejudice. There are a couple of individuals on our ad hoc review panel who are just completely blindly rigid about in-center dialysis. I happen to agree with where the emphasis should be, and if you're going to talk about community planning and large extension there's no question about the fact that you should have home training and you should be shooting for that; but I think it's idiotic to say that you're going to home-dialyze 100 percent of the people, because there are many areas where the homes are unsuitable and many areas where you can't have a dialysis partner and many areas do require center backup.

In the general opinion of the people who have worked in these areas, when you go into the poor economic areas, you're probably going to have increasingly a higher percentage of people requiring center dialysis and the reverse in the more affluent areas.

So it seems to me they have chopped out Meharry Center principally on the basis that they're not moving toward home dialysis. If there's no motion toward home dialysis I can see this as a criticism, but it seems to me

that to wipe them out is hurting the area in which we want to help and reflects a little bit too much rigidity I think in the application of that concept.

DR. MERRILL: Well, I'm disturbed by a couple of things. First of all, the initial report of the Ad Hoc Panel on Renal Disease states -- this was on September 28, 1971, whereas the site visit was October 28 -- and they state that the region -- they have a large budget request for transplantation and intercommunication and typing and so on -- and states -- the Ad Hoc Committee states that the region has lost a transplant surgeon and the application has not clearly indicated its desire to increase transplantation; the surgical capability is thin.

Now, the site visit of the kidney disease group does not touch on that that I can see, but they do stress that the planned program for transplantation, organ procurement and tissue-typing is reasonable and acceptable and generally recognized; and I find it difficult to reconcile.

The other thing which is of some interest to me in view of the discussion yesterday is the fact that Component 58-B is deferred apparently because there's going to be a conference by RMPS and the Division of Chronic Kidney Disease Study Group on whether renal biopsies are or are not within the purview of sponsorship by the RMP.

I, myself, have a prejudice -- and this may only

be a personal one and I'd like to hear Dr. Schreiner's comment on it -- about the ultimate value of the detection of bacteruria by a screening program and urinalysis. But I think the thing that disturbs me most, while the proposal is good for the transplantation and tissue-typing and computer coordination and so on, I see no refutation of the of the statement that they have lost -- the region has lost its transplant surgeon and the application does not clearly indicate a desire to increase transplantation. Is there anyone on staff who has any more information on that?

DR. PAHL: Bill, do you have any information?

MR. REIST: I don't know. Mr. Anderson might know.

DR. DE BAKEY: Where is the transplant center, Danville?

DR. MERRILL: Yes.

DR. DE BAKEY: I'm amazed because they've got two or three people there that I know do this, so I have serious doubts that this would hurt their ability to do it.

MR. ANDERSON: Itwas very difficult to hear you, Dr. Merrill. Would you repeat the question, please?

DR. MERRILL: My question was as follows: On the second page of the ad hoc panel survey and summary, the statement is made that the region has lost its transplant surgeon and application does not clearly indicate a desire to increase transplantation; the surgical capability is thin. I

see no mention of the fact that this has been taken into consideration by the site visit people. Maybe Dr. DeBakey can enlighten me. Is Bill Scott interested in transplantation?

DR. DE BAKEY: Very much so, and I know of at least three of the surgeons on his staff who are interested in it and are doing it. That's why I find it difficult to understand.

DR. MERRILL: I think that would answer that question.

MR. ANDERSON: Well, we met with Dr. Scott -- or the site visit team did -- and Dr. Scott assured us that he was definitely interested in transplantation and is now actively recruiting for a full-time transplantation surgeon.

MRS. WYCKOFF: You know, I hate to raise this issue, but it does seem to me that where you have two medical centers as near as Memphis and Nashville, why you have to have two underused systems of transplantation when you might have one good one. I just can't understand it. Do we have some way to examine the strength of these things and where the emphases are regardless of the region?

DR. MARGULIES: We have been making an effort, as you remember in the past meetings of Council, to try to identify on a geographic basis the relative need for a transplant centers which is based upon local resources and population requirements and potential need which can be fairly

well identified for dialysis and transplants; and whether this has been applied in the review process -- maybe again, Mr. Anderson, you could respond to that particular question. The issue was whether this represents an excessive development of capacity when there are medical centers in Memphis and in Nashville which would presumably serve the same population.

MR. ANDERSON: Well, geographically, I don't think this would be true, and the transplantation capability in Memphis is extremely limited, whereas Nashville has really established themselves as a transplant center in the Mid-South and they have been very actively in a transplant effort for a number of years. This would help them to perpetuate their complete comprehensive program.

DR. CANNON: What was that about the Memphis capability being limited? He said that the capabilities in Memphis were extremely limited and I just wanted to know if that is a true statement because I --

MR. ANDERSON: Maybe my choice of words is not a very good one. They haven't been too active in transplant.

DR. CANNON: Because they haven't had funds.

MR. ANDERSON: Yes, sir.

DR. MERRILL: Does Memphis have a computer to organize their organ procurement and typing?

DR. CANNON: Dr. Merrill, I really don't know. All I know is that Dr. Britt and Dr. Hatches has got a program

they've been working on for some time but it's limited in funding.

DR. PAHL: Is there further discussion?

DR. EVERIST: It would seem to me that this might be a time for us to again bring up the possibility of 910 money for the southeastern area of the country, working together on some of these projects and it would probably save RMPS a considerable amount of money and get a better quality of care. It seems to be a natural with all the talent, with McDonald in New Orleans and Hume in Richmond and the people that are scattered around this area, would have a ball I think if they could get together and cooperate.

DR. DE BAKEY: Well, there is an effort being made to do that in the whole mid-south and deep south and southwestern area in an effort to provide coordinated programs, particularly in terms of utilizing the computer for donors and that sort of thing. There's considerable effort I know in our part of the country to do this, so I think a little push on the part of helping them do this would be good.

Another comment I would like to make about this, as far as surgical capability for transplant, there's no lack of surgical capability. The problem lies primarily in finding the funds to support a good center organization where you have all of the resources available. A kidney transplant program from the surgical standpoint becomes completely inadequate

unless it has all the total resources, particularly in terms of kidney dialysis and support of immunologists and others to create the total center.

As far as the technical aspects of it from the surgical standpoint, that really constitutes the easiest component of the whole thing and there's no lack of trained personnel for this purpose. It's putting together the total organization and the supporting organization, and this requires funding of the center. Frequently it's not available to the center's resources and this is the main deterrent to providing the best kind of organization.

I know in our own setup, where we have been doing kidney transplants for a long time, 10 or 12 years now, and continuously doing it, we have to scratch to get the funds to support the total activity.

DR. MARGULIES: I think that the idea of the 910 mechanism is most appropriate. The Southeast coordinators have been meeting together to develop a common approach to kidney problems and, as Dr. DeBakey indicated, that is not confined to the southeast area.

We will, in the process of developing the new kind of protocol which we described yesterday, lay emphasis on the utilization of the 910 approach because it provides a mechanism for getting around exactly the issue which you have raised, Mrs. Wyckoff, and I think we should promote the idea now rather

than wait for any further development.

DR. SCHREINER: I wonder if Mr. Anderson could put a dollar value on it.--I can't break it down -- from 58-C, which is the dialysis component, is approved in general at reduced funding; but I can't break down the figures. I think you ought to put that back in and recommend to them that they expand for a four-bed unit and that they come back in with a supplemental application and try to initiate a home-training program as an adjunct to that.

Following your philosophy, I think it's better to reward them. If they don't have a nurse that two-bed unit may be wiped out.

DR. PAHL: Mr. Anderson, can you place a dollar figure on that?

MR. ANDERSON: It's in the neighborhood of $10,000.

MRS. WYCKOFF: So $58,000 would be $68,000. Do you need a motion on this to approve the sum of $176,000 for the renal project?

DR. PAHL: Well, the Chair understands that the motion on the Tennessee/Mid-South application is to approve the recommendations of the staff anniversary review panel together with the recommendations of the technical kidney site visit team, to which is added $10,000 for section 58-C of the kidney proposal.

DR. SCHREINER: For Meharry.

MRS. WYCKOFF: For Meharry.

DR. PAHL: For Meharry. If that is the motion which has already been seconded, may I ask if there is further Council discussion?

MR. HINES: Question.

DR. PAHL: All in favor of the motion, please say "Aye."

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

We now turn to the "Washington/Alaska" anniversary application. Dr. Komaroff is the principal reviewer and Mrs. Mars is backup reviewer and Mr. Moore from our staff.

Dr. Watkins, I apologize for not noting your absence from the room during the New York Metropolitan review procedure.

DR. KOMAROFF: This region is currently funded at a level of $1.45 million. The Council has already approved the level for next year of $1.96 million. The commitment that the region understands it has from the director for next year is $1.51 million, and it is requesting somewhat more than that but somewhat less than the Council approved level, $1.68 million.

The main reason that the region is requesting additional funds and the reason that the staff anniversary review panel has agreed with that request is that they have

five new activities and they wish to expand their developmental component.

Since the Council last looked at this region there's been several changes that are encouraging. The organizational structure has changed so that five associate coordinators for each of their five key program areas have been designated and there are five corresponding advisory councils that work closely with the core staff in these areas. Their general goal statement has been decategorized. They have moved further away from a primary emphasis on continuing education and into newer areas, some of which we've already heard about yesterday and I'll briefly allude to.

Rhetorically, they are pointing more towards the delivery of care to the poor, development of new types of paramedical personnel, screening and prevention activities, public health education activities, increasing the rural/urban linkages which have already characterized the region, the stimulation of HMOs, the stimulation of area health education centers which they have an ideal opportunity to promote as part of the University of Washington peripheralization medical school program called WAMI, which has a kind of zing to that achronym that's uncharacteristic of most of the achronyms we deal with.

They're also encouraging medical audit programs in several private practice settings. They have the satellite

transmission of various kinds of medical information to remote areas, primarily in Alaska; and their activities with the proposed Northwest Cancer Center we talked about yesterday. So this is a very attractive agenda that has impressed everyone who knows the region and who has worked with it from staff.

They also have an extremely vigorous advisory council under the leadership of Mr. Ogden who is on our Council, and this has been a major change since our last review.

Lastly, their core management staff has developed what they call the programmatic approach in which various program goals and objectives are outlined specifically and budgetary allocations are made to each one. This looks on paper as if it should allow them a very tight and effective management of the program.

Their current request includes support for seven projects which already we have approved; the three small projects for which they request an additional year's funding but which will terminate after that year; and for five new projects, one of which is a vital statistics program to coordinate the various kidney activities already funded. One proposes to upgrade comprehensive care in two small rural Alaskan villages; a third to develop a comprehensive care system for an urban Indian population in Seattle; the fourth to expand the role of the stroke nurse specialist which has

been developed in an already funded project; and last, to support activities of the Allied Health Association in Alaska to expand and train new kinds of paramedical personnel for a region which cannot likely look forward to many new physicians.

The region appears to be very well run. The advisory group is extraordinary, and the new activities seem to fit with the region's honest priorities and the national priorities.

Therefore, I concur with the recommendation that we recommend to the director expanded support of $1.68 million, including a developmental award for $110,000, and including support for all five new project proposals.

The one aspect of their request which I think we cannot approve is support beyond the next year for project number five which is their large continuing education medical film and television program. I think Council should look at that project in the context of the triennial application which is expected next year; but otherwise, I concur with the recommendations of the staff anniversary panel.

DR. PAHL: Thank you, Dr. Komaroff. Mrs. Mars.

MRS. MARS: I certainly concur with the recommendations, but I think all their continuing education programs are especially excellent. The only thing that did occur to me in going through the program is the fact that there doesn't seem to be very many programs targeted toward the minority

groups and I believe that there's a very large population of Eskimos and Indians. The last project, the Allied Health one, certainly is targeted in that degree, but also, in going through their RAG there doesn't seem to be any representation for minority groups at all. I don't know just what the figures are on the Indian and Eskimo group in population. Does the staff know?

MRS. RESNICK: 55,000 in the Alaskan natives.

DR. KOMAROFF: Six of the 40 members of their advisory group are designated as minorities, about 12 percent of the total membership.

MRS. MARS: They're designated as more or less minority representatives rather than actually minorities. Surely, there must be one educated Indian or one educated Eskimo that could speak for themselves as to their needs, I would think, on the RAG. I felt this was really a very serious lack in the programming and something should be done about it. So I would like to see a directive to that added to the recommendation.

Another thing that came to my mind was that there seems to be a concentration of the projects being carried out in Seattle rather than Spokane. There are some certainly headquartered there, but all the activity seems to be centered in Seattle and I wondered why this was. Perhaps because of medical facilities, or what is the reason; and also, a good

many of the RAG are mostly concentrated from Seattle.

So those were my criticisms more or less in going through the program. It seems that there could be a few more innovative programs started. It looks to me as though they need more airplane service in carrying out health programs and this type of thing. I think it's a very constructive program, very sound program, but I just didn't think it was terribly innovative. So that's my criticism, however, I do concur with the recommendation of the Review Committee.

DR. PAHL: Thank you, Mrs. Mars. Are there comments from Council or staff?

DR. BRENNAN: Regarding Mrs. Mars' point on representation, I think it certainly is desirable that there be people who can speak with authority about the needs of the minorities; but sometimes the best that you can do is get a missionary or someone of that sort who's working with the people and is very much identified with them if there isn't interest or if there's a lack of -- division amongst the minority groups, which has happened sometimes, so that you can't select one representative without getting other groups angry.

So I wonder whether it is as unrepresentative as it looks on surface or whether there are people who really do speak out in an informed and concerned way for the interests of the minority groups in Alaska.

MRS. WYCKOFF: I think one of their problems has been the fact that distance of that region is as big as one-third of the whole United States.

MRS. MARS: Exactly. That's why I say I think there should be more programming targeted toward servicing, such as airplane services and this type of thing.

DR. MARGULIES: In their defense, let me point out what contributions Washington/Alaska has had to the development of WAMI; and incidentally, Tony, I wonder if you have any feelings about the impact of WAMI on WICHE.

(Laughter)

DR. MARGULIES: The primary contribution of that program to the development of WAMI is completely relevant to the issues you just raised, Mrs. Mars. What they have designed and for which they have gained the support of the legislatures of all of the states involved, the governors, the leading medical people and so on, is a method of developing a total medical educational system which is based upon prognostic health needs over the next few decades derived from demographic information, extending to the greatest periphery of the Alaska area, taking into account the needs of the Eskimos, looking at the problems of Montana and Idaho as well as Washington and Alaska, was a most imaginative kind of a concept.

This has attracted a $1 million grant from the Commonwealth Fund to extend this activity. What they expect

to be able to do is place educational activities in areas of service with the hope that people who learn to manage patient care problems in a given environment will remain there and that this will develop local competence which will be fostered over a period of time.

The distances are extreme and yet it always surprises me when I talk with people up there how frequently they are in Alaska, for example, and how much they deal with the problems which are there. They haven't done all we would like to have them do, but they are not unaware of these kinds of issues.

I think what they're trying to build is more profound and something which will influence events for a long period of time through the so-called WAMI activity.

MRS. MARS: Thank you.

MRS. WYCKOFF: Could I ask a question about the extent of the Medex program and how it's being used in the RMP program?

DR. KOMAROFF: They don't speak to it in the application. I think they have Medex personnel in 14 physician's offices already since the last time I read about that Medex program, but there's no information on it in the application and I have never been to the region.

DR. MARGULIES: The Medex program is separately funded by R & D but the working relationships are extremely

close there.

MRS. WYCKOFF: This is why I was wondering if we were somehow involved in placing them or in any kind of relationship in the outposts.

DR. KOMAROFF: Yes.

MRS. MARS: Then you have all these Aleuts, too, I don't know how many of them there are, that seem to be absolutely ignored completely.

DR. PAHL: Is there further discussion by Council or staff? The motion has been made and seconded to accept the recommendations of the staff anniversary review panel on the Washington/Alaska application. If there's no further discussion, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

The record will show that Mr. Ogden was absent from the room during these proceedings.

May we now turn to the last of the anniversary applications, from "West Virginia." Dr. Everist is principal reviewer; Dr. Watkins, backup reviewer; Mrs. Faatz from our staff.

DR. EVERIST: This is an anniversary application before triennium and concerns only the region's third

operational year. The new review mechanism is particularly applicable and successful forthis region. The staff review and the staff anniversary review panel are in almost total agreement. They differ by $46,771. They both disapprove a developmental component, but the staff review would allow the $46,771 to remain in the approved amount as a supplement to core. The staff anniversary review panel refuses to play. The total amount recommended to the director was $929,810, and this amount has been accepted by him and is presented to Council for confirmation. The developmental component would have been well placed in the five-area liaison offices and probably would have been spent in small amounts of $1,500 or less without approval by the Executive Committee and the advisory group. The two paragraphs describing the spending of this money are vague. I agree that the developmental component can well await the triennial application next year.

I would call to Council's attention two of West Virginia's projects that are unique. One is the helicopter feasibility emergency study in Regional Medical Services. This project could well supply information applicable to many rural sections of the country. The project has been terminated, except for a $30,000 request for a part of that project. I sincerely hope the staff will see fit to encourage reconsideration of this project.

The second project of interest is the physicians self-audit peer review. This project has been slow in getting

started, and there have been no audits to date. However, the plan is sound and c-uld well be the prototype for a future system of quality control and continuing education of physicians.

There's also a vignette on a project that will be funded with cooperation with lawyers in changing the state law in some areas that the vignettes found interesting; I didn't find it particularly interesting.

But I move we accept the recommendation of the director, approving $929,810 for the third operational year.

As an aside, for future reference, Council should recognize that West Virginia is a poor state with a paucity of super specialists in all fields. Like Arkansas, they really can't afford a medical school; but they do, and they try, and they are effective. Staffing will always be a problem since Morgantown is isolated from the rest of the world. The West Virginia Regional Medical Program will need your help to make a difference in that rugged state.

DR. PAHL: Thank you, Dr. Everist. Dr. Watkins?

DR. WATKINS: I concur with Dr. Everist's statement.

DR. PAHL: Is there Council discussion?

DR. DE BAKEY: Let me just say that having spent some time in Morgantown, West Virginia School of Medicine, I really think they deserve the greatest amount of help. It's

very difficult situation there to provide the kind of resources that are needed, and yet they make a very strong effort to do so and I've never seen a place that has better spirit among their personnel in their efforts to try to help, and particularly the medical school's faculty in their effort to try to provide community support in taking care of the needs of that region which are difficult to meet.

Their funding is quite limited and they've always developed a very good spirit about the Regional Medical Program, and I must say that they deserve all the help that we can give them.

DR. PAHL: Thank you, Dr. DeBakey. Is there further discussion from staff or Council? If not, the Chair understands that there is a motion made and seconded by the principal and backup reviewers to accept the recommendations of the panel on the West Virginia application. If there's no further discussion, I'd like the question of all those in favor, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

May we now turn to the last application in the book under Special Action, which is an application from Missouri, and we have asked Dr. Komaroff to be the principal reviewer;

the new members of the Council may not be familiar with the saga of this Regional Medical Program, particularly its computer efforts, let me just briefly refresh our minds on the history.

From 1967 to '70, the region under the leadership of Dr. Wilson, established eight computer bioengineering projects which were funded at a level of approximately $2 million each year. Site visits in October of 1968 and 1969 by computer experts and others raised serious about much of this effort but recognized the potential of some of it.

Although the original plan called for a three-year effort, the Council at that point, two years ago, agreed to an additional year's support at a level of $1 million, guaranteeing no support beyond July '71 but not foreclosing the possibility of support either.

Another site visit in March of this year felt that the maximum support for a fifth year could be justified purely on technical bases and not on any other overall considerations, would be $600,000. The Council, acting last spring, reduced this level to $300,000 roughly. $150,000 of that money was for the Bass project which is at issue today.

I want to point out that that project requested only $150,000 and was the only part of the Missouri application to be funded -- approved and funded at the level requested. All other parts of the application were reduced.

What is the Bass project? Well, it is an attempt to move out into a rural practitioner's office, a solo practitioner, several of the computer efforts which had been developed individually over the last three to four years. These included an automated history project and computerized EKG interpretation project, a biomedical information project which allows for the instant or relatively rapid retrieval of information for a practitioner, and a radiology interpretation project and a multiphasic screening project which really is a blood chemistry screening project.

Now, the request for a special action before you today results from a series of unusual actions taken by the region and I think these raise in themselves some serious procedural issues.

First of all, the region appears to have made a deliberate decision at the time of receiving this award last July to overspend beyond its $150,000 budget in the 12-month period. They did not let the RMPS staff know about this decision, however, until November or October of this year, at which point they said, "We'll be out of money in six months and we'll need $150,000 more."

They then sent in a request in which they did not state how the money that had been spent in six months had been spent other than to say "Improvements beyond those anticipated initially had been done," and they gave very few details as to how the additional $150,000 requested would be spent.

There was an "other" item on the budget, a line item for $80,000 for "other," which was obviously computer and information transmission charges which was really not itemized.

There are also some more fundamental problems beyond the procedural ones. There has been no evaluation of the project goals of improving quality or efficiency and none is yet contemplated. Furthermore, none of the component projects which have been ongoing now for four and a half years have been evaluated and there is no -- we asked the region within the last few days whether there was any ongoing evaluation proposed, and they indicated that there was not.

Furthermore, there's no sense in the supplemental request here as to their view of the relative worth of these five subcomponent projects. They don't deal with the issue raised by Council last time of whether putting all of this machinery into solo practitioner's office in a rural area could ever become cost effective and whether that's the kind of setting in which the experiment should be tried; and they

don't discuss in their formal application any plans for how they would continue this effort or in what kind of setting next year. They have subsequently responded to our questions by indicating several possibilities toward other rural settings, one multispecialty practice in Columbia, but none of these are developed beyond a sentence or two description.

Another complicating factor has been that Dr. Bass, the physician in whose office these activities are located, had a second myocardial infarction this fall and has been out of practice and will be until the first of the year. Three physicians have taken over on an interim basis and are using to some degree the component projects.

Now, there were some encouraging signs that was evident in the responses to our questions. There is a preliminary market survey being done on the information system which has been called Fact Bank which indicates there's a high level of interest among physicians in the state and that this might become self-supporting in a year or two. The EKG effort also appears to be attracting national recognition, particularly in Sanazaro's shop, and its leader, Dr. Russell Sandberg, is outstanding; but it still has not solved the problems of recognizing arrhythmias, particularly P waves; still has not solved the problem of recognizing ischemia changes in ST segments, depressions and elevations.

DR. BRENNAN: What has it solved?

DR. KOMAROFF: Dr. Bass uses the project but every computerized interpretation is concurrently interpreted by a cardiologist and this joint interpretation will apparently continue for the next year or two.

The radiology project has proved its worth as an in-hospital aid to a radiologist, but its meaning in a setting of a rural general practitioner's office is not apparent to me.

Therefore, my recommendation is that Council deny this request for additional funding, but not deny the region the option of rebudgeting within its overall $2 million grant into this activity to keep it alive if the region really believes that this is what it wants to do.

Before defending this recommendation, let me raise several problems which could arise in taking this action. The first is that the regions says if we do so that the whole effort will die and that $7 million of activities will -- much of it will have gone down the drain.

The other possible objection is that our action might run counter to the interest in health technology expressed yesterday in which I think all of us have a great deal of hope. Nevertheless, I think the acquiescing to the unusual procedures that result in this request for special action and the more fundamental questions that I have discussed, make it reasonable to deny the request; and it's my

personal belief, from having seen the region make similar statements in the past as to what would happen if funding requests were denied or reduced, is that in fact the effort will continue as the other efforts for which they requested $1 million this year have continued despite a $200,000 budget.

I raise the possibility that perhaps this whole effort has now reached a stage where it could be more reasonably supported on a contract rather than a grant basis, so that tighter control of the activity could be instigated. A contract from where, I do not know; perhaps from RMP or elsewhere. There's obviously a great deal of money down the pike for this kind of activity and Missouri has a great deal of competence in the area.

DR. PAHL: Thank you, Dr. Komaroff. Dr. McPhedran?

DR. MC PHEDRAN: I just emphatically concur.

DR. KOMAROFF: That's a motion.

DR. CANNON: Tony, you mentioned several times that the information was absolutely lacking or not displayed or something. Are we sure that we've made the effort, our RMPS staff has made the effort to see that any lack of information is being brought forth? I just want to make sure because if this moves up the line there might be some things -- well, repercussions.

DR. KOMAROFF: I had an opportunity to look at this material a week and a half ago and Dr. McPhedran did, too; and

we asked Donna Houseal, who was out in Missouri the last five days, to raise a whole host of questions. It took about an hour to transmit them over the telephone. We have back a series of replies, much of which I've incorporated into my comments, but none of which answers the fundamental questions which were posed through Miss Houseal.

MISS HOUSEAL: Dr. Cannon, an extensive advice letter went out to this region after last Council review. I've had continuing conversations with this region since then about the points raised at that time, so there's been a continuing dialogue with this region almost weekly about these activities. They are aware of our concerns.

DR. PAHL: Is there further discussion?

DR. BRENNAN: An interesting sidelight on this, there's a fellow by the name of Jack something or other who is in Vern Wilson's office, and he's in charge of biomedical technological development and that group and he's written a number of books on the subject.

DR. PAHL: Dr. Jack Brown?

DR. BRENNAN: Yes, Dr. Jack Brown. He was out to the Engineering Society in Detroit last week addressing their biomedical committee, and to hear Jack talk, it appeared that there was great feeling on the part of everyone down here that schemes like the Bass project had a great deal of support and that much was to be looked for from them.

I took occasion to ask him a few questions about the impact of this project at that meeting, but I would say that it's clear to me that there are in various quarters great enthusiasm for this type of effort.

Now, I hesitated, though, to see RMP so much identified with what I would call an instrument-determined type of activity in a public way. It made the papers all over Detroit and it's going to complicate our lives no end in the RMP in Michigan. I note that this is described as favorable publicity, this project, if someone puts some quotation marks around it; and I would, for one, like to see a little downplaying of this until we're sure that we're not all going to be embarrassed by what $7 million in expenditures has yielded.

DR. PAHL: Thank you, Dr. Brennan. Is there further discussion?

MRS. WYCKOFF: What's the early history of the planning of this in terms of reporting systems and how did it get into this condition?

DR. KOMAROFF: Well, at an early stage -- there are other people on the Council that can answer this much better -- in the early stage in RMP's history, there was a good deal of money to spend and there was a great deal of magnetism and enthusiasm on the part of Dr. Wilson in the area of health technology in which I think everyone shared, and he said he

could get and, in fact, he did get a very large and very ambitious effort off the ground in short order that has produced some very nice results.

MRS. WYCKOFF: What about the reporting and the evaluating and the reviewing and the record of annual accomplishments on this particular thing? You seem to have had correspondence just recently about it and I wondered what happened a year ago and two years ago?

DR. KOMAROFF: Well, we site visited three or four times during this period and the questions that I have alluded to were raised at each point, and the decision was made that this was a new area and there was promise to protect and that certain investments should be continued. It phased down substantially after the third year; first, $1 million and then, closer to half a million dollars; but there was constant feedback I think -- Miss Houseal can speak to that -- between the Division and the region during this period.

DR. PAHL: Donna, may we have Dr. Millikan's comments? I think he was trying to get a statement in.

DR. MILLIKAN: This is in partial response to your question, Florence. When this idea was brought to the Council originally, the decision to fund it was made under the word "experiment," and it was decided that the funding of this computer research or research concerning computer applicability to medical practice and medical service should not be construed

as a precedent for this Council at all, but that we wanted to see what an organization could do with this kind of an experiment; and several of you will recall that we funded a number of different kinds of experiments. There was one having to do with intensive cardiac care unit linkage, for instance, in which we bought them the computer, etc., as an experiment.

In the original grant action, it was decided that approximately three years after that action there should be full evaluation of the results of this experiment and the project site visits, as I understand them -- I haven't been on any of them -- but as I understand them, have addressed themselves to that kind of evaluation; and it simply was determined that the original described possibilities of the experiment had not been fulfilled.

So I don't think there's any great chagrin about that because as we understood the whole issue at that point in time, it was an honest use of the word "experiment." In other words, the results of it were not predetermined and we didn't know what they would be able to accomplish in that experiment, any more than in some of the others that have gone on. There have been a series of these kinds of things take place. My own institution and Lockheed conducted one where millions of dollars have been spent and it has not come off either, I might say, in terms of producing a result in terms of an

automated history, automated record system, etc., etc.

So that's a little bit of Council background.

DR. DE BAKEY: May I ask how much total money -- do you have any idea of how much total money RMP has spent in all of these computer projects that we did approve and then called a halt on in terms of evaluation?

DR. MARGULIES: We gathered some data on that. Ed, do you recall offhand how much we spent? It's a very significant sum of money. We can pull it together again for you.

DR. DE BAKEY: The reason I'm asking is that I'm wondering if RMP hasn't invested enough money now to be able to say, well, this justifies a thorough review in trying to determine just what has been accomplished by it. The reason I say this is because I know that there is a strong interest on the part of Jack Brown and people in Vern Wilson's office to move this program ahead and invest more money in the clinical application of computer engineering for health-related activities.

Having some interest in this area and having actually a research program of my own, which is a research program really designed to try and determine just how best to apply this technology, I have been a little concerned with this effort to push ahead in the application of this requiring huge sums of money and yet, with no good evidence that I have seen anyway -- and certainly in our own program that I've been

able to see -- for justifying that expenditure of funds.

Now, it seems to me that the Regional Medical Program has made a serious effort to experiment in this field. We set up a program. We had a policy about it. We said we're not going to spend any more money in this area until we find out just what can be accomplished. It seems to me, not only from a standpoint of the Regional Medical Program, but also from the standpoint of the total federal funds that are being expended in this area, it would serve a useful purpose to have a good, in-depth study, a special study, by the Regional Medical Program of what has come out of the funds that we've put into this area.

DR. MARGULIES: Yesterday we described briefly two efforts which are now underway to look at two major aspects of it. One of them is ECG monitoring, and we have a study which we'll be able to report to the Council next time; and the other is on so-called multiphasic health testing which is also undergoing study and we'll be reporting back to the Council. But these are only parts of what we're talking about.

DR. DE BAKEY: These are rather special parts and they can perhaps be evaluated specifically and separately, but I'm talking about the broadly designed type of program such as the one in Missouri, which is a very good example, and a few others, in which the technology is designed to, in a

sense, replace or to make more efficient the sort of diagnosis and management of disease and illnesses and computerized history, physical examination and the diagnosis, going on even to treatment.

There has been a tremendous amount of money that's already been put into this, particularly in terms of even computerized or closing of loops, so-called, in treatment that hasn't panned out at all. It seems to me we have spent enough money to be able now to justify spending a little more money to do a really thorough study of this. Enough time has elapsed. This has gone on for over three years now. It seems to me that the Council should request -- and this is really what I am asking -- if we haven't reached the point where we can request such a study be made. And I don't much care how the Director designs or develops the study. I think I would leave this entirely up to you, but I think it would be very worthwhile to do.

DR. BRENNAN: It seems to me that I would certainly like to second the motion of Dr. DeBakey, and in this sense: I think we did look at another areas that has been consuming a large part of our investment and had been under operation for a while. We took a tack of convening a conference on multiphasic screening and we came out with a review of the problem and brought it back to Council.

I think that it's high time that, by this means or

some other, that Council be presented with a studied result of these things before we even make a final decision on this.

Now, the reason I'd like to do that is because I recognize the wide interest that there is in many engineering schools and in many ranks of government in this kind of effort, and I believe that if we take Galbraith seriously when he says it took American Airlines $30 million, along with IBM, to develop their reservations system for just giving tickets at the airline counter, we have to realize that perhaps what looks to us like a very large investment may be the kind of investment you have to make in order to pass to the point where you can use this kind of technology effectively.

But our problem now is that we have to decide where we're at. Do we know enough to abandon this or should we concentrate the effort in perhaps 910 or something else, and keep it going even though it is expensive, because we can reasonably anticipate a very large system benefit out of it when it's done?

DR. MARGULIES: Well, in fact, I think the idea is not only an important and useful one, but I would like to believe, particularly in light of the reorganization that was described yesterday, that we can expand that effort and bring back some level of understanding to the Council of activities which are not only in RMP but in other parts of the whole structure that we work with; and I think we can move toward

that kind of a goal. R&D has been in it; Community Health Services; NIMH; they all have these investments; and I would be delighted to puch this concept with Riso and with Dr. Wilson so that we can begin to get a sense of the state of the art and progress and failure and so forth and know what we're doing.

DR. BRENNAN: Exactly what we did with multiphasic screening, and I think it helped us a great deal, and I think we have to do that now and spend a part of one of the next sessions, an hour or so, discussing such a report that we've had a chance to look into before we get to the meeting.

DR. SCHREINER: What would you propose to do with this proposal?

DR. BRENNAN: Defer it.

DR. SCHREINER: Defer action?

DR. MARGULIES: It won't work.

DR. DE BAKEY: That would mean that you're not going to give them the money. As I understand it, it's an emergency situation, isn't it?

DR. KOMAROFF: Right. From January 1st through June 30th, they won't have any additional money. The question is whether they can redirect money that they have in their overall grant into this activity.

DR. DE BAKEY: I don't see any reason to defer it. You have made a motion which seems to me a positive motion.

It's just a question of whether or not we want to approve that motion.

DR. BRENNAN: Well, I feel it would be more prudent for us to think this thing out. I think that the proposition of turning this into a contract, perhaps a 910 contract, appeals to me more than shutting off something in which we have invested $7 million.

DR. DE BAKEY: Well, his motion doesn't really shut it off. It simply says "find the money within your own budget."

DR. KOMAROFF: There's no reason why we couldn't make this explicit that this shouldn't be interpreted as a bias toward a future request for money.

DR. PAHL: Are you ready for the question?

DR. CANNON: We did substantially cut that funding, though, you see, so that they may not -- it may not be easy for them to redirect funds. I mean, they are on a budget which is substantially lower than they had contemplated, you remember, not even enough to continue the salaried physicians that they had.

DR. BRENNAN: They could end up, given their fixation on this program, cutting out things that we really think are important in order to keep it operating. That's a problem with this. We know the way that Regional Advisory Group feels about this thing. It's obviously been a kingpin

of their program right from the outset. So I think what you're really saying is that they're going to cut other programs in order to do this.

DR. MC PHEDRAN: I wonder whether we really do know how they feel about it, because I would have thought that if they felt that strongly about it that the repeated suggestion that they show us some evaluation would have been followed. The suggestions are after every site visit. How do they feel about it? The impression that we have gotten is that this present request and the decision, as Dr. Komaroff says, overspend for the last six months, really were -- support for the idea really of doing it really was gotten because of some favorable publicity for this project. So I really wonder whether we're misinterpreting strong feelings of the Regional Advisory Group. I wonder if that isn't putting it a little too strongly.

MRS. MARS: Is there any possibility of getting funds from any other source to carry it on?

DR. KOMAROFF: Some of the activities have already gotten funds from other sources, V.A.

MRS. MARS: I mean this project.

DR. KOMAROFF: The region apparently pursued other sources of funding within HSMHA before indicating to us that they had to request an additional $150,000.

DR. MARGULIES: Let me also remind you that one of

the implications of Dr. Komaroff's report -- two of them -- one of them is that what they're asking for is money to carry them through until the end of the fiscal year with no indication of what happens thereafter, so one can assume that there will be a continued request for RMPS support for this; and not only that, but this carries with it at least a verbal intent to expand that activity into other settings. So it would very possibly lead to a multiplication of these kinds of activities within the Missouri Regional Medical Program. That has not yet been presented but there has been a clear statement they'd like to move it into a multi-member practice setting, etc.

DR. PAHL: Donna, do you have anything further to add?

MISS HOUSEAL: I just want to concur with Dr. Margulies' comments. I discussed with the region their plans for these activities for the next one to three years, and they have two budget plans for next year; the larger one, which would include approximately a $1.4 million request for these types of activities, would include field testing it in a community hospital setting, and two group specialty settings, and then possibly, also, putting a module in a small community without a physician and linking it to Dr. Bass' office.

DR. PAHL: Thank you. Is there further discussion on the motion? If not, the motion is for disapproval of the

request by Missouri. All in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

DR. BRENNAN: No.

DR. CANNON: No.

DR. PAHL: Two opposed. The motion is carried.

MR. OGDEN: Would it not be appropriate immediately following this action for the adoption of the motion along the lines that Dr. DeBakey has suggested; that there be an analysis of this whole sort of thing now done?

DR. DE BAKEY: You make it and I would second it.

MR. OGDEN: I will make such a motion.

DR. DE BAKEY: I second it.

DR. PAHL: Does the Chair understand the motion to be an analysis by staff of the current state of activity of our overall effort in this area?

MR. OGDEN: Yes.

DR. DE BAKEY: Yes.

DR. PAHL: All right. You've heard the motion.

DR. DE BAKEY: Well, I think an analysis designed by staff. Let me be sure that youunderstand that I'm interested, and I hope the Council would be interested, in having the Director determine how best to do this and call upon whatever resources he may wish to do it.

MRS. WYCKOFF: And could we have a report at the next meeting?

DR. PAHL: Yes. This would be an agenda item at our next Council meeting.

DR. KOMAROFF: Is it understood that the motion includes a statement that this should not be construed as the final dismissal of this kind of activity in Missouri, but only a denial of a specific request for additional funds?

DR. PAHL: Yes. This is the understanding of the motion.

DR. BRENNAN: Would it be possible for Council to sit still for the suggestion that having done this with respect to a regular grant application that they've made to us, that we transfer this function to a contract arrangement under 910 and negotiate with Missouri to determine the funding required under such a contract for the supervised continuance of this general program on an interim basis until June?

DR. CANNON: Not until we hear the results of the study.

DR. BRENNAN: Well, wait. All I'm proposing in this is that we remove this from a loosely administered relationship with RMP central office. This thing, after all, has inter-regional significance if it ever works out, and it seems to me that it's the kind of thing that you could contract for under a 910.

Now, if we no longer follow the loose structure that apparently hasn't worked out well in terms of getting us reports and real status on what has been accomplished or even a control of what's been accomplished, move over into a contract mechanism and put a good contract officer on it; wouldn't we then kind of have the best of both worlds? We wouldn't tape down the team that's operating here. We wouldn't lose the impetus of the program if subsequently we judged that it is good; and at the same time, we would have given the region a message that there's going to have to be a different approach to the administration and evaluation of this effort.

I think that this would be a prudent compromise for us to make in view of the high levels of interest amongst people with policy-making authority on medical development work in the government at the present time. I don't see any reason not to try to accommodate ourselves to the division of people who are certainly as bright as we are about the potentiality of these things and overrule them, in essence, here.

DR. DE BAKEY: It's hard for me to believe that the interest is that high at that level that they couldn't find $150,000 for this.

DR. BRENNAN: Well, I'm sure that Sanazaro could write him a contract just like that.

DR. DE BAKEY: That's exactly the point I'm making and I'm sure they have already gone to that source. I would say it would be more prudent for us to await the assessment of this study before we make any decision of any kind one way or the other. That's another reason why I think it's important to make this study. After all, if there is that kind of interest at the level you're talking about, I'm sure that within that area they could find money to survive, $150,000.

DR. MILLIKAN: Well, I was just going to say in a sense this activity is the Missouri RMP, and I don't know how much of that we want to contract andhow much we want to keep in the traditional pattern of support for an RMP. You see what I'm getting at? I think it would be wise to hear the report of our study and then make a decision about whether we want to support it at current levels or an increased level or whatever.

DR. MARGULIES: I think that at the very least you have offered us some alternatives and some negotiating instruments. There are a variety of ways in which we could pursue the contract issue with RMPS funds, with other kinds of funds. If the level of interest is high enough and the contract route seems reasonable, then I agree it should not be difficult to locate the funds to continue it.

MRS. WYCKOFF: Do you need a resolution for a contract if we decide that it's necessary?

DR. MARGULIES: No.

DR. BRENNAN: I'd ask whether you wanted to entertain such a motion. There is no formal motion on the floor.

MR. MILLIKEN: Don't we have a motion to study this thing?

DR. PAHL: Yes. All in favor of the motion to conduct a study and report the progress of the design of the study to the Council at the next meeting, please say "Aye."

("Aye")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

May we adjourn and get our coffee and doughnuts, and then following coffee, we will primarily be concerned with the kidney proposals and some items of business from yesterday.

(Recess)

DR. PAHL: May we reconvene, please.

DR. MARGULIES: We have some other issues which we must address at the present time. I'd like to have just a quick report back to you on one of the questions that was raised before the coffee break. During the '67-70 period of RMP, if you combined automated technology and other major equipment purchases, the total comes to over $18.4 million. This seems to be large enough to justify some understanding

of what we got out of it.

Ohio underwent some discussion yesterday and we agreed that since they have made the proposed changes that I reported to you that we would ask two members of the Council and, if we can, one member of the Review Committee who previously visited the region, to go out there. I have asked Bruce Everist and Clark Millikan, who have done something similar for us, to again perform that kind of a duty in Ohio and they agreed. One of the people who was on the previous site visit from the Review Committee was George Miller, and if we can get him to join the team we can get some information reported back to you.

Now, we also have distributed for you to consider with the understanding that it was well-written, I altered it slightly and it was less well-written as a consequence, a resolution -- or not really so much a resolution as a proposed Council action regarding the creation of a cancer center in the northwest part of the United States. I think maybe we should read it aloud for the record, which I'll be glad to do.

"The National Advisory Council on Regional Medical Programs approves the granting of $5 million for the construction of a cancer center located in a major medical center in the area served by HEW Region X.

"The Center, while it is to be an independent, nonprofit corporation, should have, to ensure its perpetuity

and achieve its ultimate objectives, organizational relationships with a University Health Science Center and other medical educational, training and research facilities in Public Health Service Region X.

"In addition, liaison and coordination with the Regional Medical Programs in its area and with the CHP (a) agencies in the various states in Region X should be fostered.

"To fulfill its unique potential for making available to those persons suffering from neoplastic diseases subject to curative intervention through cooperative multidisciplinary treatment efforts in the area, a mechanism for communication, interaction and cooperation with existing cancer research and cancer related agencies in the region, including the existing medical services and the hospitals and voluntary societies, should be developed.

"The Center should be recognized as a regional cooperative cancer center rather than the single most important institution in its field, and every effort should be made to ensure adequate regional representation at the Center.

"The Center's planning and programs should have a goal of making feasible for all persons in need of cancer treatment facilities available at a humanistic level.

"Other goals of this facility should be education of all health professionals for, and the coordination,

research and demonstration of, optimal patient care in the field of cancer treatment. This Center would be the appropriate recipient of a grant from the National Advisory Council on Regional Medical Programs insofar as these objectives are equally pursued.

"This Center would have the function of focusing on the problems of cancer research and cancer treatment all the relevant resources of the advanced technological community of the northwest region of the United States.

"The National Advisory Council recommends that this Center include on its Board a representative group of recognized leaders in the field of cancer in its region, and, further, that it convene to advise a Regional Cancer Council comprised of persons throughout Region X as well as a Scientific Committee to coordinate cancer research, education and service and promote regional cooperative arrangements.

"And finally, the National Advisory Council recommends that the efforts sponsored by this Center be afforded the advantage of periodic review and consultation by an Advisory Committee of nationally and internationally recognized authorities in this field."

DR. MERRILL: Should we include in this some statement about provision for its continuing operational funding; that it is our understanding that additional arrangements for its continued operational funding?

DR. DE BAKEY: Harold, I presume you have already discussed the basis of this and I'm not familiar with it and I don't want to waste the time of everybody, but the only question I would ask is, is this setting a precedent for the Regional Medical Program? I don't mind setting it. I'm not questioning whether or not we should. Personally, I think it's great. In fact, I'm glad to see us set a precedent.

DR. MARGULIES: Right. I see no reason not to regard it as precedent-setting. I think the one thing that has not clearly been in here and which Dr. Merrill appropriately brought up is some statement regarding the necessity for an effective source of funding and technical assistance to maintain the professional activities within this Center after it has been constructed of the kind, of course, that the National Cancer Institute could provide; and we could add that kind of wording.

DR. DE BAKEY: That's good.

DR. EVERIST: With that added, I move we accept this.

DR. DE BAKEY: Second.

DR. MARGULIES: With that addition, the motion is that this be accepted. It's been moved and seconded. Any further discussion? All in favor, say "Aye."

("Ayes")

DR. MARGULIES: Opposed?

(No Response)

DR. MARGULIES: Thank you.

DR. PAHL: We have before us in terms of formal applications the kidney proposals which were deferred from yesterday's consideration and I would like to now return to those, the first one being that from Arizona; and if I might just ask Dr. Schreiner and Dr. Merrill to lead the discussion and make appropriate motions on these kidney applications which remain before us.

DR. EVERIST: Does that require action?

DR. PAHL: Yes. These are parts of the formal requests of the regions which were not taken up yesterday in the motions. We have three from yesterday which were not acted upon, and then three supplemental kidney proposals.

DR. EVERIST: All right.

DR. PAHL: Dr. Schreiner, may I ask you to start the discussion on the Arizona kidney proposal?

DR. SCHREINER: I thought in this instance the general review of the Ad Hoc Panel on Renal Disease was satisfactory. They have had a rapid buildup in good personnel in this area, I suppose the most outstanding person being David Ogden who has moved there from the University of Colorado at Denver.

DR. MERRILL: And Stokowsky.

DR. SCHREINER: Yes, Stokowsky also. I think they have got the professional capability of mounting a good program.

The site visitors recommended approval with some budget modification, and they particularly threw out the physician education component which apparently would not be one of the strongest aspects of their proposal.

I thought maybe we ought to have some discussion about the loan program because it seemed to me that this was rather summarily dismissed by the Review Committee. What they're proposing is kind of a, as far as I know, innovative -- but I haven't been here too long -- in that they're proposing a revolving loan setup with a bank, properly supervised, in order to initiate transplant, with the idea that the rehabilitated patient then will pay back out of his earnings, if he is rehabilitated. This is kind of a positive feedback system that appeals to me, if workable, and I wonder if other people had some views, whether this would be a workable experimentation.

DR. MERRILL: They do state in their discussion of that that there is no guarantee that the total amount of the loan would be repaid, and that would put us in the position of paying, at least in part, directly for patient care; and I think that's almost exactly what would happen; and that may be the reason for the unfavorable look at it.

I would agree with George on that. They do have good people. Their ideas are good. I think the Ad Hoc Committee has quite correctly thrown out not only the physician

education, but the so-called detection program, which is a very difficult one to implement and get any meaningful data from.

But the rest of it I think certainly bears support and I would agree with the recommendation of the Ad Hoc Committee.

DR. PAHL: Is there a motion?

DR. SCHREINER: I move to approve.

DR. PAHL: There is a motion to approve the recommendations of the site visitors for the kidney proposal in the Arizona application. Is there further discussion by Council? If not, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

Dr. Merrill, would you please lead the discussion on the "Colorado/Wyoming" triennial application kidney proposal?

DR. MERRILL: I must confess that when I looked at that review yesterday I was unimpressed, but the original application I think gives a much fuller description of what they're trying to do. I had initially envisaged simply from the summary that what they were going to do was to set out to dialyze children as an end in itself, which I would heartily disagree with and I think Dr. Schreiner would, too; but they're not, if one reads the full proposal.

They are going to have cooperation with Colorado Transplantation Center and that certainly has a tremendous capability, and although they do not mention the people involved by name, I'm sure that they are going to get involved in that -- I'm sorry, they do here -- so that would complete my approval of it.

Now, some question was raised about the fact as to whether or not there should be separate facilities for children, and I'm absolutely convinced there should. Our own experience leads us to believe that it's just impossible to take care of six-year-old kids in an adult ward.

They do have a good pediatrician in charge. They have all the capabilities for dialysis and transplantation, and I think the experience in California with pediatric transplantation done under the supervision of pediatricians has been a good one, as perhaps opposed to our own; and I would think this was well worthwhile.

DR. PAHL: Thank you. Dr. Schreiner?

DR. SCHREINER: When we discussed this, as you remember, we talked about the number of beds and I've since had a chance to discuss this with staff, and apparently this unit is continguous with an acute unit, and while funds are not being sought for the acute unit, the actual arrangement of nurses is going to be such that they will be or can be spread over an adjacent unit, so that helps a little bit.

DR. PAHL: The Chair understands that there is a motion for approval and it has been seconded for acceptance of the site visit team recommendations on Project 29 of the Colorado/Wyoming application. Is there further discussion by Council? If not, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

The last one which was deferred from yesterday, Dr. Schreiner, is the "Ohio Valley" kidney proposal, and I wonder if you would lead the discussion on that.

DR. SCHREINER: Well, to be perfectly honest with you, I'm not wild about mobile transport units for organs. They might work in a close geographical area, but it seems to me that the goal of most of what we're doing -- for example, the goal of the southeastern network, and the negotiations that have gone on with other multiregional programs -- suggests that motion be in the other direction; and that is to enlarge the dialysis applicant pool or candidate pool if we're going to seriously try to apply typing; and if you're goingto do that, the idea of having a truck just doesn't work. You have to be able to fly them around to the various areas and you have to get them there in a reasonable hurry and there's a lot of portable containers that are suitable for this activity.

It's true you can't profuse them, but I guess some of the new smaller incubates -- maybe John has had some experience with-- they're a small fraction of the size of a Belsor and it may be that they would be suitable even for air transportation with profusion going on. But at the present time, it seems to me that you tie up a fairly large piece of expensive equipment that's only working a small part of the time.

I think of the difficulties that we've had locally here funding the Heartmobile and how you can drive by that hospital many times and see it parked there in the driveway doing nothing. It does some things, but it's a lot of expensive equipment to have for the short time that it's being used. I'm not too warm about that.

DR. PAHL: Are you making a specific motion?

DR. SCHREINER: I'd like to hear John first.

DR. MERRILL: I think in general I would agree with you. I think the California experience has shown pretty clearly that with simple profusion and cooling alone you can get eight hours survivals and good function, and the Belsor apparatus will take you up to 48 hours or even longer sometimes; and it seems to me that their program should be pretty well established before they can document the need for preservation beyond six or eight hour period.

If they can do that, they're really getting into more than a regional; they're getting into almost a -- if you

need to hold something for 48 hours, you can fly it to Australia if need be. So I agree, that I would rather see documentation of the necessity for this and have them show us the fact that they cannot do it with simply eight hour preservation.

For instance, we have had kidneys from Rochester and as far as Minneapolis which have not been put on the Belsor type of apparatus.

DR. SCHREINER: This year, here in Washington, we've had transplants from Atlanta, Charlottesville, Chapel Hill, Richmond and Baltimore since last January, and we flew most of them in on commercial airlines. The one from Atlanta came in on a commercial airline in a picnic basket.

DR. DE BAKEY: I would certainly agree with what has been said. We have done the same thing and, in fact, have been working experimentally with various methods of preservation and have even developed one in our own shop where we can preserve them and get along and function. I say, we have also had the same experience and we've been working with preservation chambers of various kinds, some of which have been developed in our own shop; and while they certainly can be effective up to 48 hours easily -- in fact, in one example it was longer -- we have yet to demonstrate the need for them. It's a nice sort of experimental activity and it's good to be able to write a paper about it and talk about it, but -- and we've

spent quite a little bit of money on it, but we haven't demonstrated the real need for it.

DR. MERRILL: It's a little bit like the pole vault record. Everybody tries to get an inch or an hour beyond the next fellow. It really doesn't have all that meaning when you get up to 48 hours.

DR. PAHL: Is there further discussion?

DR. MERRILL: There is one other kidney project in here, and that is the dialysis technologist; and I would gather that that was approved. I would think that the man on the scene would be the important man to know about that. Do they need a dialysis technologist? And that's already been approved by someone on the scene and I would think it's all right.

DR. PAHL: May the Chair have a motion for this proposal.

DR. SCHREINER: I move for rejection.

DR. PAHL: Is there a second?

DR. MERRILL: Second.

MRS. KYTTLE: That then has the effect of amending the dollar amount previously recommended three years downward.

DR. SCHREINER: That would go down by the 69?

DR. PAHL: The dollar amount recommended yesterday.

MRS. KYTTLE: Providing that this was approved today.

DR. PAHL: All right. There is no misunderstanding

that the final recommended level by Council for this application is such as to exclude the kidney proposal if this motion carries. Is there further discussion on the motion?

DR. MERRILL: The kidney preservation transportation system, because there is another one which is dialysis technologist?

DR. PAHL: Yes, sir, the one under present discussion.

Is there further discussion on this motion? If not, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

Dr. McPhedran has asked that we discuss the Iowa application with respect to the kidney proposal. I was under the impression that we had taken action on this yesterday, but if it is the Council's wish we may reopen this for consideration Dr. McPhedran, would you care to make a comment?

DR. MC PHEDRAN: No, I'm sorry, I think I should have excepted it from my original recommendation because I think that it, as set up in the previous discussions, looked as if it required special discussion.

DR. PAHL: I see. I'm sorry about the misunderstanding. I think the record should show, then, that the

action taken yesterday by the Council does not include the sum requested for the kidney aspect of that proposal. Dr. Schreiner or Dr. Merrill, would you be prepared to lead the discussion on this aspect then?

DR. SCHREINER: I looked at this one. The only thing that I would raise a question about in terms of the review is whether or not -- and I'm not sure mechanically whether they received a previous grant for subregional centers. If they have, and they're in the business of setting up subregional centers, then it seems to me that the staff forces who are subregional center management might be a worthwhile investment.

I think the short-term teaching programs don't really excite me and apparently didn't excite the Review Committee and didn't excite the site visitors. So I think I would agree with their disapproval but I would ask whether we are funding subregional dialysis center establishment in the state; and if so, then we might revive that aspect, although it was relatively small.

DR. PAHL: Can staff provide us some information on the point raised by Dr. Schreiner?

MR. ANDERSON: I'm not sure I can comment on the whole thing. I'm not sure I can answer his entire question. I'll only speak to the issues which I'm familiar with.

The renal panel reviewed this application and this

was the second application that had been turned down by the Iowa RMP. The Iowa RMP requested a site visit because it did not feel that we had sufficient information or felt like we needed additional information to make a determination.

Dr. Ed Lewis did make a site visit out there and I think Council members have his recommendation. This is a request for one year and Dr. Lewis recommended that it be supported -- or that the nurses training portion of this proposal be supported only.

DR. PAHL: Thank you.

DR. MERRILL: Well, I would certainly agree with that. I think, as has been pointed out, their training program perhaps is not the best written in the world, but I think it's a very important concept and I wonder if a year of experience would not allow them to come back in with a much better proposal. I note that although the Ad Hoc Panel on Renal Disease disapproved it in toto, that the Review Committee suggested that the nurse training portion of the proposal be funded in part.

MR. ANDERSON: The panel said that they would go along with the recommendation of the site visitors and the site visit was made after the panel had met, and the committee had the site visitors' report.

DR. SCHREINER: So that you're proposing $19,000 of it?

DR. MERRILL: Yes.

DR. SCHREINER: I would agree with that.

DR. PAHL: The motion has been made and seconded to approve the $19,575 amount relative to Project 23. Is there further discussion on this motion? If not, all in favor, say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

DR. MARGULIES: I just wanted to report to you the fact that when I talked to Jim Musser yesterday he pushed very vigorously the idea of tying in more effectively and more formally the facilities in the Veterans Administration hospitals and we have agreed to get together and to begin to work toward those linkages, which have been casual rather than well-planned; and I think the circumstances are good for that purpose. He has freedom to share his facilities now very fully and we'll be coming back to you with a report of progress on that.

DR. PAHL: We have three supplemental kidney applications. The first one is from California, with Dr. Merrill as principal reviewer. Mrs. Wyckoff, please, if you will leave.

MRS. WYCKOFF: Yes.

you doing, Johnny?" And he said, "I'm drawing a picture of God." And his brother said, "Why, that's ridiculous. Nobody knows what God looks like." And Johnny didn't even look up; he said, "They will when I'm through."

(Laughter)

DR. MERRILL: And this is the kind of thing the California proposal is. Now, let me say, in all seriousness, that California has a tremendous competence. I know most of the people. A number of them have trained with me and they've got a tremendous organization and they're doing extremely well. Perhaps one of the drawbacks of their proposal is that they are already established and doing so well.

They have, as you know, some nine areas; and of these nine areas, six of them are already actively engaged in the transplant business and they now propose to link all these together, and they did this as the result of an original application which was originally disapproved because of the absence of an overall California renal program; but they were given $122,000 in seed money with which to start this. They come in now with a large proposal.

In essence, what they propose to do is the kind of

thing that they have already been doing, but to link it with each other with a computer bank, good tissue-typing facilities, information on what happens to people on dialysis, what happens to people on transplantation; and in addition, they propose one of the most ambitious projects, and that is to have California and California alone organize and set up a supply of antilymphocyte globulin. I presume they will share this, when perfected, with the rest of the world.

The proposal itself is rather vague and it has a number of inconsistencies in it. I won't read all of them to you, but I would like just to note a couple of them. They do not tell us about where funds for donor kidney removal are going to be obtained, although they do mention that it should be utilized. They don't tell about which individuals are specifically going to be involved. They do include in their budget in a very large way professional personnel, including transplant surgeons and trainees in each instance, something that we wondered about.

They state they're going to have a large conference costing $4,000 for planning the development in antilyphocyte globulin and this is going to be supported by the Upjohn Company, who to date has not been able to provide us with antilymphocyte globulin because they're having trouble. They are going to invite as a consultant Dr. Starzl, who said only two weeks ago at the American College of Surgeons that in

spite of the fact he was the first to use antilymphocyte globulin, he had really no evidence that it had made an awful lot of difference in his program.

So they've got quite an ambitious plan which really extends a program which is ongoing and ongoing quite effectively, and they themselves point out that one of the reasons it is is because they have done extremely well with third party funding with Medical.

They propose to, in the State of California or the California Region, have a number of these Belsor apparatuses running around between hospital and hospital, and I'm quite convinced, since the data itself came from Los Angeles County some time ago -- that is, the data I quoted you -- that that is not necessary.

I think the upshot of it all is the recommendation by both the Review Committee and the Site Visit Committee that they be funded, but drastically reduced; and the figure that is quoted here in the blue sheet is $214,500 out of a requested $625,287. I think California in the present state of the art can get along perfectly well on that.

DR. PAHL: Thank you, Dr. Merrill. Dr. Schreiner?

DR. SCHREINER: I think that what we're going to have to do shortly, that we haven't mentioned in previous Council meetings, is perhaps take into consideration the level of state aid. This has been a rapidly changing situation.

Nine states, if I recall the figures correctly, about three years ago had any form of direct dollar aid for renal patients; and it's grown in this period of time to 25, the latest figure that I have.

I think that in states where you have a well-developed program of direct aid by the legislature and where you have a very liberal Medicaid program, that a lot of the kinds of things we're trying to provide to other people can really be provided by that mechanism. In a way, I suppose it's penalizing people for being progressive, but on the other hand, if we have the concept of startup funds, then we ought to be concentrating our shots on the have-nots rather than the haves in this particular area.

So I think this is an area that's done a lot of fine work and they have so many sources now of financial support that they can probably run this program on a reduced amount. I would agree with this.

DR. PAHL: All right. It has been moved and seconded that the Committee recommendations be accepted, which means that this sum of money is included within the existing budget. Is there further discussion on the motion?

DR. OCHSNER: May I just make a statement, Herb? I would feel that we, regarding what you said about funding a transplantation surgeon, that we should not do this in a state such as California where they have a plethora of

vascular surgeons. They can get plenty of people to help. I felt the same way about Vanderbilt. They wanted us to underwrite a transplantation surgeon. Now, they've got a fine department of vascular surgery at Vanderbilt, but if they can get money from us to get another faculty member they want to do it.

DR. MERRILL: I think they have on their budget something like six transplantation surgeons; that is, their staff member and some six trainees. The Review Committee pointed out that there was a question about the justification of requesting a portion of the salary of every transplantation surgeon in the State of California.

By the way, California, which I found out from this, is the first state to have a concrete society of transplant surgeons, which is another indication of how medicine is becoming fragmented.

DR. PAHL: Is there further discussion?

MRS. MARS: I'd just like to ask how much actual duplication is there in the programming here that we're paying for as to what's being done already in the state from other sources?

DR. MERRILL: There are two places in the area which are not doing transplantation. One is the Watts area which we discussed at the last meeting, and I think this is certainly justifiable to set this up; and the other is Loma

Linda. Whether or not when they get through all of this transplantation will be more than they need to take care of the patients in this area requiring transplantation is anybody's guess, but right now, of course, they're getting a good many patients from out-of-state. I don't think those figures are available. It might be something to look into.

DR. PAHL: Thank you. Is there further discussion? If not, all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

May we now turn to the "Georgia" application with Dr. Schreiner and Dr. Merrill as discussants. The record will show Dr. McPhedran is out of the room.

DR. SCHREINER: In this instance, there are three basic activities that are proposed for support. One is the existing transplant activity. The second is the subregionalization and various aspects related to dialysis; and a third is a development of a computerized clinical diagnosis and management of acid base balance.

As you may or may not know, such a program is available and it's very cheap to rent. All you have to do is pay for the telephone line and the terminal, and this was done up in Boston several years ago, and it's my understanding it's

available any place that you can get a telephone line. So I think this would be a complete waste and duplication of effort and I would be against it.

I don't have in the papers that I was given a complete breakdown of the transplantation program. There was $211,000 requested and the Ad Hoc Panel recommended $46,000. If that includes any funds for surgeons, I would second Dr. Ochsner's remark and delete them. If not, it appears to be a reasonable pruning of the request.

The area facilities probably are the most constructive portion of this. There are good people in Georgia, although they lost the sparkplug of the Brady dialysis effort that was moved to Virginia. They are replacing him and I don't think that the activity will be quite as high gear over the near term but they're developing replacement personnel which will slow them up a little bit I think. So I think providing funds up to $35,000 for the area facilities is a reasonable request, and they recommended deletion of the nephrology component at the centers as being part of the existing resources and this is also a difficult thing. I would go along with my previous remark; that is, if you really expect a center to provide backup, then they are going to have to increase their staff by a little bit. So I would be in favor of putting back at least perhaps a half a salary for each center that is actually open. Now, if they don't open a

regional center, then I don't think they need that; but if they actually did open one, I think a half a salary for a faculty person is not unreasonable. The Ad Hoc Panel recommended completely deleting all the in-center personnel and I think I'd put back two half-salaries but make them contingent upon actually opening up an area center.

DR. PAHL: Thank you. Dr. Merrill?

DR. MERRILL: I think I agree essentially with what Dr. Schreiner said.

DR. PAHL: The motion has been made to accept the panel's recommendations with the additional statements Dr. Schreiner added concerning the half-salary contingent upon the opening and functioning of the area centers. Is there further discussion on the motion?

DR.SCHREINER: And if the $46,000 does include a surgeon's salary, I would delete that.

DR. PAHL: Yes. I'm sorry. I forgot that part. Is there further discussion on this motion? If not, all those in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

The last supplemental kidney proposal is that from Rochester. Dr. Schreiner, will you please lead the discussion

on this.

DR. SCHREINER: I think I have here a little disagreement with the Review Panel. We have some supplemental material that's dated September 1971, and I'm familiar with this area. Of course, they have a very well-developed medical team in Rochester in terms of both large surgical commitment both in neurology and vascular surgery. It's one of the best coordinated groups to that extent, and they have a good nephrology program with trainees and so forth.

At the present time they have 41 patients with terminal renal disease. The estimated area load within the area is about 45 to 50 patients a year. Their total capacity that now exists is for a total of 49 patients and this is restricted principally by two things: the lack of a physical area at the Strong Memorial Hospital for care of transplantation patients; and then, the ability for them to plug in on the Sony-West typing plant.

I think it's a well thought out plan. The hospital is willing to contribute the space and it's willing to pay for ten percent of the remodeling; and whereas it was recommended for disapproval, I think that I would like to consider it for approval. I think it needs some staff work on pruning the budget a little bit and I can't make a specific recommendation on that without further study, but I think it probably should be funded at a reduced level.

DR. PAHL: Thank you, Dr. Schreiner.

DR. MERRILL: I was amazed in reading this over, this proposal, to read that the Ad Hoc Panel on Renal Disease recommended disapproval, primarily on the grounds that the project was unrealistic and not in line with current medical thinking, because I wholly agree with Dr. Schreiner that this is a fine proposal. It's quite realistic and it's completely in line with current medical thinking.

I have only a couple of reservations. One is, I agree, first, with Dr. Schreiner's comment about funds for remodeling. I think that that should be looked into very carefully. They're simply going to create a ward apparently for transplant patients so that they won't be scattered around the hospital, and certainly the hospital should bear its share of that.

I am not sure that they need four cardiac monitors for a four-bed transplant unit, and I would recommend disapproval of that item, if one can disapprove an item.

The only other thing that bothers me a little bit is the fact that this again, like California, is an established program. Tissue-typing they say was undertaken in the fall of 1969 and now they're asking for support of this, and they are asking to tie in with the Sony-West program but I would assume from what they say here that they are, indeed, the center for this whole coordinated program. They state, for instance,

that this laboratory, meaning the tissue-typing laboratory, serves the renal transplantation program and a newly developed bone marrow transplantation program and the Sony-West organ exchange program. Now, if that is true, how have they supported this before this; and why is it necessary now to come in with support for it or perhaps we should ask the question, how much in the way of supplementary support do you need for extension of this?

Certainly tissue-typing is one of the techniques which is reimbursible, perhaps more reimbursible than chronic dialysis on a long-term basis, and I would think this would be a self-sustaining operation. It has been in our hands.

I would recommend that the project be funded but perhaps if these questions could be looked into with reduction in cost in these specific areas.

DR. SCHREINER: I agree.

DR. PAHL: It has been moved and seconded to approve Project 21 but with negotiation by staff on the basis of Council discussion. Is there further discussion on this motion?

MRS. MARS: I think that all this brings up again the question of duplication of work and use of funds. We seem to be getting in further and further into these kidney projects, spending money, and we haven't got that much money to spend to be able to throw it around unwisely and duplicate

work that is being done.

It seems to me that more or less what Dr. DeBakey suggested for the machinery part could more or less be done, a review by staff, to see that we do not duplicate kidney programs that have already started, and some sort of a survey could be made.

DR. MARGULIES: Perhaps it's because we haven't adequately brought you up to date on this, but, in fact, that kind of a survey has been conducted and we do maintain a review on a geographic basis of all of these projects before they come in; because the Council has expressed this concern regularly, as you have, so when we identify something like the program in Rochester we very clearly identify any other resources which are available. If there is evidence of duplication or if it appears that someone wants to put something right next to what already exists, we do bring that to the attention of Council.

Perhaps we could be more explicit, however, when we bring in these proposals so that you understand it. In the past few Council meetings we have come in regularly with a map of the country with a summary of the resources and it proved to be a little cumbersome, so it may be a good idea to do again the next time around.

MRS. MARS: Thank you.

DR. SCHREINER: This area is pretty self-sufficient

in terms of patient flow. For example, with a transplant center at Rochester, I would be against one at Utica and Syracuse and so forth; but I think as the central area of New York, these patients obviously aren't going to go to New York City; and it also offers the other intriguing thing; that is, it's one of the few programs we have that interdigitates with Canada in terms of sharing. They have an organ-sharing program with Ontario and there are several new medical schools in Canada just over the border who also have a substantial number of American students, by the way; and as you know, if we're going to be talking about health resources, some people don't realize that the third largest medical school in the United States is in Italy in terms of American students, and I think Guadalajara is in the top ten. So if you want to talk about training health personnel, I think you have to look a little bit over the border, because we have a lot of people in training over the border.

This is one program that does interdigitate well with the transplant program in Ontario. I think there are some obvious places -- I agree with John -- if you cut out two monitors you save $8,000; you cut out associate professor of surgery, you save $10,000; but other than that, the budget is not too fat. They propose $51,000 in salaries and we cut out $10,000.

DR. PAHL: Is there further discussion? If not,

all in favor of the motion, please say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

That concludes the business with respect to the specific applications unless staff has further comments.

MRS. KYTTLE: Dr. Schreiner, Mr. Jewell and I were wondering, backing up to your Georgia recommendation, if you could expand that for a three-year period of time. It's a three-year proposal, and with the detrimental aspects of it, I think there will have to be some staff work on developing budgets for the next two years.

DR. SCHREINER: I would agree with that.

DR. PAHL: Before we adjourn, there is one last item of business. We would like to distribute to you at this time a sheet which gives the grouping of regions and the ratings as provided by the Review Committee for those which were reviewed in the July/August review cycle, the ones under current discussion which are listed in the center of the page in a box, and the ones on the right-hand side of the page are those which were reviewed by the staff anniversary review panel.

I'd like to make two comments. First of all, the priority ratings are considered highly confidential and

privileged information for reasons which we have gone into before.

Secondly, there are, for the July/August review cycle, two sets of ratings provided; the raw scores as given by the Review Committee and as accepted by you at the last Council meeting, and the adjusted scores -- that is, adjusted in the sense that Mr. Peterson described yesterday, with a weighted mean in order to normalize them to the October Review Committee's action.

So that by looking at the adjusted scores of the July/August review cycle, you will see how they compare with the October/November review cycle for the applications you have been discussing yesterday and today; and how these, in turn, relate to the present applications which were reviewed by our own staff anniversary review panel.

I would also like to indicate to you that as a result of using as a baseline the October Review Committee's ratings and adjusting the prior ratings to this baseline, we are able to divide all of the applications that have been reviewed and rated in these two cycles into three categories which are labeled A, B and C; and which encompass in each category, a total of 75 point spread. So what we have is category A, ranging from 400 down to 325 -- that is, there's a 75-point range for category A. Category B would range from a rating of 325 to 250; again, a 75-point spread; and

Category C from 250 to 175, a 75-point spread.

The applications over the last two review cycles all fall within these ranges.

Now, the information is presented to you in this fashion and with your concurrence of the Review Committee's recommendations this time, we would accept these ratings as displayed as being the official ratings by Council for the applications that you have been considering. If you do not wish to concur in the ratings, then this is the appropriate time to bring this to staff's attention.

I also would want to affirm again our intention, unless we hear significant news otherwise, of formalizing the rating system over the next few weeks so that it will in the future be stabilized under its present format, which means that at future Council meetings you will have on the summary sheets that come to you from both the staff anniversary review panel and the Review Committee the ratings as given by those review bodies, and this will be made a part of the official file and will constitute one of the management tools in the selective funding process.

So I am asking at the present time for Council either to formally endorse the rankings as shown provided by the Review Committee, or to indicate otherwise and reasons therefor.

DR. SCHREINER: I'd just like to ask for information.

Just from a subjective impression that we get from the presentation, we got a pretty glowing report both from the site visitors and the reviewers on the Connecticut proposal, and yet it comes out in the B category. I think that deserves some comments.

DR. PAHL: The only comment I can make is that the Review Committee, of course, viewed this particular proposal in something of a different light, as we had in this discussion on the proposal here at Council, and the rating as provided, at least in my personal estimation, reflects the Review Committee's general tenor.

Perhaps, Lorraine, you might wish to add or have someone from staff discuss the particular rating of Connecticut.

MRS. KYTTLE: I think that's it precisely.

DR. SCHREINER: Looking at this critically, do you see any areas of controversy in the rating system with respect to that case, which seems to be at least the one that stands out to me as being disparate? Certainly we agreed on the Arkansas proposal pretty generally.

DR. PAHL: This is a legitimate point to raise at this time with respect to this application because of the discussion held by Council, and Council does have the prerogative of altering upwards or downwards any specific application's rating, and presumably, such action would be

myself. I just was curious as to whether you had spotted any areas in the rating system.

DR. MARGULIES: One way we could resolve any issue like this, because it is impractical to reanalyze it here -- and of course, one can't be involved in a review of an area he's from -- we could easily circulate to you, considering the fact that this is a serious question and has a great deal of meaning to Connecticut -- the kinds of rating forms which the Review Committee used, and you could fill them out and we could tabulate the results and see what sort of an outcome we have. It's not an ideal method because the kind of ratings which are followed by the Review Committee have been very carefully outlined to them; they've had some experience with it; and as you've already discovered, there is a changing base level over time in the rating. Nevertheless, it would be one way of getting a more valid representation of your views than to accept this one, particularly in light of yesterday's discussion of the Connecticut program.

DR. SCHREINER: I would have no objection to that, but I'd even be satisfied with something short of that. Maybe when we have our commentary at the next Council meeting, if

whoever is working most intensively with the scoring system just could go back over the tape of the Council discussion and sort of see if they can spot any problem areas with respect to this kind of a case. I think that would satisfy me.

MR. OGDEN: It just strikes me, Doctor, that it would be very difficult for any of us to apply that rating system to any one of these proposals without having been a member of the site visit team and having a great deal more information about the particular Regional Medical Program, because those questions are very pointed and require a considerable background to be able to answer intelligently and weight appropriately.

DR. SCHREINER: I'm inclined to agree with you. I was just curious as to whether we could sort of have a retro-look at it.

MR. OGDEN: Well, I think what you're asking is, won't somebody on the staff please go back over the Connecticut application and rerate the thing and see whether you think, on the basis of the discussion, it ought to be put someplace else.

DR. MARGULIES: I think that would be more practical thing for us to do. As a matter of fact, we really could use the staff panel review technique on this as we have in other circumstances, and bring back to you at least another judgment, one which you could then accept or reject as you please.

DR. SCHREINER: I make this not out of criticism but just out of curiosity.

DR. OCHSNER: Do you want a motion to approve this?

DR. PAHL: Yes. We would like at this time to have a formal motion to adopt the rankings as shown.

DR. OCHSNER: I so move.

MR. OGDEN: Second.

DR. PAHL: It has been moved and seconded. Is there further discussion? All in favor, say "Aye."

("Ayes")

DR. PAHL: Opposed?

(No Response)

DR. PAHL: The motion is carried.

Again, let me say that we have now ended the experimental phase, if you will, of the rating system development and unless something untoward happens we will be bringing to you at the time that you review the summary sheets from the preliminary review groups the ratings, so that there will be an opportunity during the discussion toraise points. So there will be an opportunity during the discussion to raise points, which will be an improvement over what we've had to engage in over the last two cycles.

Again, we re-emphasize the confidentiality if the microphone didn't pick that up.

May I thank the staff for their participation and

for those of you who have been able to weather the rather detailed discussion today.

MRS. MARS: Before we close this discussion completely, on this criteria sheet under "Process," the coordinator is weighted as eight and the RAG is only weighted as five. Now, just why is this? It seems to me that RAG would deserve the same weighting as the coordinator, so to speak. How did this evolve?

DR. PAHL: The best explanation I can give is that the Review Committee specifically requested that something of an increased emphasis be given to the coordinator over what we had initially provided in the relative weighting for coordinator and RAG, and that the present weights reflect a minor modification upwards in strengthening the coordinator's importance. This was a direct result of the kinds of discussion which occur by the Review Committee and site visitors and where they as a group felt that we were underweighting the coordinator.

It is a matter of judgment.

MRS. MARS: Well, I don't think he should be underweighted, but I certainly think the RAG should carry as much weight as the coordinator does, equal weight.

DR. PAHL: The question comes, if we maintain the present overall rating system, from what do we take? We can have the RAG and coordinator equal, and perhaps it should be

a point of discussion. The Review Committee was of the definite opinion, as I've mentioned, where they wanted an extra weight given, but we are open to discussion. This is what we'd like to have.

MRS. MARS: But this is staff that you're talking about, Review Committee is staff? Is that what you're talking about?

DR. PAHL: I'm talking about the actual -- I'm talking about our other consultant group of non-staff reviewers, the official Review Committee.

MR. OGDEN: May I interject something here? Speaking from the experience I've had now for five or more years with the Washington/Alaska Regional Medical Program, I frankly feel that the coordinator should have a stronger rating than the Regional Advisory Committee; and from what view I've had in some other Regional Medical Programs, I think this is also true.

I think a poor coordinator can pull down a good Regional Advisory Committee.

MRS. MARS: I agree. I agree entirely with that.

MR. OGDEN: But the strength of the coordinator really is reflected in how well his Regional Advisory Committee moves, the whole organization of the program, the kind of people that he hires, the amount of money that's spent, the way it's spent; and the Regional Advisory

Committee meets four or five times a year, perhaps more often in some cases. There's an executive committee that maybe meets more frequently, perhaps monthly; in our case, sometimes more than that. But I frankly think that the strength of the Regional Medical Program lies with the core staff and very greatly with the coordinator of the program.

I don't disagree with the fact that the coordinator should have a stronger rating at all.

DR. PAHL: May we have an expression from anyone else on this point?

MR. MILLIKEN: Well, I'm not sure it's a question of give one more weight than the other. If we're going to go the route of having real citizen involvement in this activity, then I think we've got to deliberately do it, because we have to make an allowance for it; and I think that most of the applications that we've seen since I've been involved could stand more visibility for the function and activities of the RAG.

Now, maybe this is administrative and doesn't relate to ratings, I'm not sure, but I think we need somehow to get more importance and more visibility on the role and function of the RAG and how it works in this whole deal.

DR. MARGULIES: I think this particular point will require further deliberation and particularly after we bring to you a more complete form of the current draft regulations

which I described yesterday, because this will bring the Council into a discussion of the relative role of the grantee, the Regional Advisory Group, the coordinator, etc., and I think that out of that discussion we probably can create a better sense of proportion than we can at the present time because it may crystallize some ideas which have been up to the present time a little vague.

MRS. WYCKOFF: I do think we need some guidelines on that.

MRS. MARS: I still think this is definitely downgrading RAG's importance. I feel very strongly about it.

DR. MARGULIES: We will consider the question still open.

DR. PAHL: If there is no further business, then I declare the meeting adjourned. Thank you all.

(Whereupon, at 11:55 a.m., the meeting was adjourned.)