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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION

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THIRTY-FIRST MEETING OF THE
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

- - -

Executive Session

- - -

Conference Room M
Parklawn Building
3600 Fishers Lane
Rockville, Maryland

Tuesday, November 27, 1973

The meeting reconvened at 9:21 o'clock, a.m.,

Dr. Herbert Pahl, Acting Director, Regional Medical Program
Service, presiding.

COUNCIL MEMBERS PRESENT:

MRS. AUDREY M. MARS
GEORGE E. SCHREINER, M.D.
MR. EDWIN C. HIROTO
DR. LAWRENCE FOYE
MRS. MARIEL S. MORGAN
BENJAMIN W. WATKINS, D.P.M.
MR. SEWALL O. MILLIKEN
MR. C. ROBERT OGDEN

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P R O C E E D I N G S

1
2 DR. PAHL: May we now start our executive session.

3 Judy, will you continue on, please.

4 MRS. SILSBEE: We have five members of Council here.

5 We hope to be able to move this along a little faster
6 this mornig, except for one branch operations.

7 MRS. MARS: Mr. Hiroto will be back in a second.

8 MRS. SILSBEE: In order not to give an impression
9 that all regions that we are considering today are problem
10 regions, we would like to shift back to kind of our initial
11 plan yesterday. We promised to do this rapidly. But to go
12 through by branch to get a quick overview of all of the regions,
13 and then to suggest kind of special recommendations in the case
14 of one or two regions, and actions in terms of others.

15 Mr. Van Winkle will go through quickly the regions
16 that remain in South Central and at any point that Council
17 wants to discuss the region further, please break in. Be-
18 cause we don't want this to be a recitation on our part.

19 On the other hand, we know that you were only look-
20 ing at a piece of the region and staff does have more overall
21 view, limited as it may be in cases.

22 Mr. Van Winkle.

23 MR. VAN WINKLE: I think I would like to start with
24 Michigan if I might.

25 This was a region that had been sliding very rapidly

1 downhill until they obtained a new coordinator, Dr. Tupper,
2 and in a very short space of time he turned this region
3 totally around and I thought they submitted an excellent
4 application. I was quite impressed with the fact that their
5 request does not include any indirect costs, either in pro-
6 ject activities or the program staff component. The direct
7 costs will not be awarded to the project activities so that they
8 could maximize the benefit to the Michigan Health Care System.

9 MRS. SILSBEE: You mean indirect?

10 MR. VAN WINKLE: Yes. The project agreed to absorb
11 these.

12 Their review process is a model. I think other
13 regions could well take a look at it.

14 I think I should point out whereas Dr. Tupper is
15 on only for a percentage of his time, he did obtain a deputy
16 whom he has now named as program coordinator. His title has
17 been changed, Tupper's title has been changed to Executive
18 Director. And he is giving 25 percent of his time in that
19 capacity.

20 Michigan does have a kidney component and they will
21 be alerted to the provision in the interim rules and regula-
22 tions.

23 They have requested \$627,536 for the support of the
24 program staff component, 16 new operational activities all
25 designed to implement the RMP's priorities and options.

1 We would recommend approval of this application as
2 stated.

3 MRS. SILSBEE: Mrs. Morgan.

4 MRS. MORGAN: I have Michigan and I have read it
5 over. I think it is an excellent program.

6 I do not believe their kidney program is new, though.
7 Isn't it a continuation of an already approved program?

8 MRS. SILSBEE: Well, approved by RMPS, may not be
9 approved by the Social Security.

10 MRS. MORGAN: By Social Security.

11 MRS. SILSBEE: We are going to flag--

12 MR. VAN WINKLE: That is the only reason we are
13 doing this.

14 MRS. MORGAN: Because they have had it prior to this,
15 whether it is an additional thing is something else maybe.

16 An excellent program I feel with coverage, with the
17 limitations that were placed upon them as far as submitted and
18 I move that we grant the Michigan program as requested.

19 MRS. SILSBEE: There is just one--

20 MR. VAN WINKLE: I left out the staff did--

21 MRS. SILSBEE: Yes, one item. There is a request
22 for stipends in one of the projects, which policy does not per-
23 mit. So if we could amend that motion.

24 MRS. MORGAN: Which one is that?

25 MRS. SILSBEE: Project 74.

1 MR. VAN WINKLE: These \$2,000 worth of training sti-
2 pends. We had recommended they be deleted. I passed right
3 over it.

4 MRS. MORGAN: Oh. Okay. I move as amended.

5 MRS. SILSBEE: So this would mean that Michigan
6 would be recommended for \$627,536 with a "no" on the stipend.

7 DR. WATKINS: Second.

8 MRS. SILSBEE: Any discussion?

9 All in favor?

10 (Chorus of "ayes.")

11 MRS. SILSBEE: Opposed?

12 (No response.)

13 MRS. SILSBEE: That was the only one you really
14 singled out?

15 MR. VAN WINKLE: That's right.

16 MRS. SILSBEE: How do you want to handle the rest?

17 MRS. MORGAN: That was due to just the stipends?

18 MR. VAN WINKLE: Take them individually?

19 MRS. SILSBEE: If you can do it quickly.

20 How does Council feel?

21 We feel that these regions have come in with these
22 applications and there needs to be a little bit of discussion.
23 We know your time is short. But, on the other hand, we will
24 lose the picture of all the regional medical programs if we
25 concentrate only on the problems.

1 MRS. MARS: I think they should be discussed, each one
2 taken individually.

3 MRS. MORGAN: This is the only one out of the
4 group that I had.

5 MR. VAN WINKLE: Want to discuss them all?

6 MRS. SILSBEE: Yes.

7 MR. VAN WINKLE: Start with Alabama, then, if I
8 might. We will take them in order.

9 Alabama had lost some staff during the phaseout. They
10 have hired a new coordinator to replace Dr. Packard, Dr.
11 Clapper from the university school there.

12 Dr. Packard has remained available for consultation
13 at any time that they need him. So has their evaluator and
14 planner, Mr. Hinkley, and so has their nurse consultant, who
15 is just over the hill at a small school there.

16 They also are covering their staffing situation on
17 a consultant basis.

18 We have no difficulties at all with this region. We
19 think they are right on target.

20 They have requested \$410,312 to support a program
21 staff component four discreet program activities and fifteen
22 operational activities. We recommend approval of the applica-
23 tion as submitted.

24 MR. MILLIKEN: So move.

25 MR. OGDEN: Second.

1 MRS. MORGAN: I will second it.

2 MRS. SILSBEE: Any discussion?

3 Dr. Foye or Mr. Milliken?

4 All in favor?

5 (Chorus of "ayes.")

6 MRS. SILSBEE: Opposed?

7 (No response.)

8 MRS. SILSBEE: Carried.

9 DR. FOYE: Margaret Clapper is like a cork. They
10 stick her in whatever dike is leaking at the moment.

11 MRS. SILSBEE: She has been on the periphery of this
12 activity for a long time, various activities.

13 MR. VAN WINKLE: Florida.

14 Staff was impressed with the excellence of the total
15 application submitted by the Florida RMP. This staff has re-
16 mained in tact. They have continued their program. This is a
17 region that has always moved ahead with new initiatives,
18 oftentimes in advance of priorities being set here at the
19 national level.

20 We just think this is an excellent program.

21 They have requested \$627,536 for the support of a
22 program staff component and 20 operational activities, all of
23 which conform to the RMPS priorities and options.

24 They do have a kidney component that we intend to
25 alert the region again as to the interim rules and regulations.

1 MRS. MORGAN: They have two, don't they?

2 MR. VAN WINKLE: Yes, they do. Yes.

3 We will see that that alert goes in and we do recom-
4 mend approval of this application as submitted.

5 MRS. SILSBEE: Mrs. Mars, did you have any comment?

6 MRS. MARS: One thing in reading it through, there
7 doesn't seem to be much being done for the large Indian popu-
8 lation of Florida. This I wondered about.

9 Could you tell me just what they are doing in that
10 line?

11 MR. VAN WINKLE: Nothing that I am aware of.

12 MRS. MARS: That is what I could not find.

13 MR. VAN WINKLE: They are addressing the migrant health
14 issue.

15 MRS. MARS: Yes.

16 MR. VAN WINKLE: This has been a priority area with
17 them.

18 I will tell you, as far as the Indian health is con-
19 cerned, that is still being addressed through the-- what is it--
20 Indian Health Service downstairs.

21 Also in the Migrant Health Service they had a great
22 deal of difficulty getting into this; Migrant Health people not
23 wanting RMPS involved in what they had set out as their area of
24 endeavor. So he has had to move slowly in some of these areas
25 not because of a lack of desire, but because of problems in--

1 MRS. MARS: There just doesn't seem to be any contact
2 at all, and I think this is something that should be recom-
3 mended.

4 MR. VAN WINKLE: All right.

5 MRS. MARS: To that particular RMP.

6 One of the things that I thought was very admirable is
7 the fact that for every RMP dollar that has been invested, more
8 than \$5 in local support has been generated. I thought that
9 was a very outstanding statement.

10 The transplant kidney system is certainly very
11 fine.

12 And I think the workshops they have conducted in qual-
13 ity care maintenance have been excellent.

14 They certainly are continuing education in both heart-
15 stroke-cancer and dental health services. So really I think
16 it is a very good program and I certainly move that it be fund-
17 ed as applied for.

18 DR. FOYE: Second.

19 MRS. SILSBEE: Motion is the Florida should be
20 approved as requested, \$627,536, with a word to them about the
21 kidney project.

22 MRS. MARS: Indians.

23 MRS. PARKS: There is an error; it should be
24 \$683,048.

25 MRS. SILSBEE: \$683,048?

1 MRS. PARKS: Right. Sorry. It is an error.

2 MRS. MORGAN: \$683,040 it says here on the yellow
3 sheet.

4 MR. OGDEN: \$683,040.

5 MRS. PARKS: Judy read another figure. I thought I
6 would correct it for the record.

7 DR. FOYE: Part of the program, I have been urging
8 to give some thought to the Indian population.

9 MR. VAN WINKLE: Yes, I have that.

10 To digress just a moment, Michigan came up with
11 better than 90 percent of pickup on their activities.

12 Georgia--

13 MRS. SILSBEE: Excuse me, we have to have a vote on
14 it.

15 MR. HIROTO: Question.

16 MRS. SILSBEE: All in favor?

17 (Chorus of "ayes.")

18 MRS. SILSBEE: Opposed?

19 (No response.)

20 MRS. SILSBEE: Motion is carried.

21 Georgia.

22 MR. VAN WINKLE: I will begin to sound like a broken
23 record on these regions; they are quite good.

24 Speaking of Georgia, excellent coordinator, excel-
25 lent staff. Again a program that responds to new initiatives.

1 This is another region that is not giving indirect
2 costs to their applicant agencies; they are using the full
3 amount of money to extend their operations as far as they
4 can for the state.

5 They also have two kidney components.

6 MRS. MORGAN: Correct.

7 MR. VAN WINKLE: We intend to flag that also in
8 terms of alerting the region.

9 They have requested \$779,592 to support a program
10 staff component in five operational activities involving insti-
11 tutions.

12 I might point out that five operational activities is
13 all you see here. Georgia's program has many more than that
14 that were instituted under the October 1 moneys and any
15 carryovers they may have had, and we do recommend approval
16 of this application as it is submitted.

17 MRS. MORGAN: I think the nice thing about these, also
18 in the material I received, Emory University and so many
19 of the other universities are able to pick these programs up and
20 continue them should RMPS drop out of business. They are pre-
21 pared to pick up many of these programs.

22 I move that the Georgia region be awarded the full
23 amount of their request.

24 MRS. SILSBEE: Is there a second?

25 DR. WATKINS: Second.

1 MRS. SILSBEE: The motion has been made Georgia Region-
2 al Medical Program application be approved as submitted,
3 \$779,592, with the kidney proviso.

4 MRS. MORGAN: With the kidney flagged.

5 MRS. SILSBEE: Any discussion?

6 All in favor?

7 (Chorus of "ayes.")

8 MRS. SILSBEE: Opposed?

9 (No response.)

10 MRS. SILSBEE: Illinois.

11 MR. VAN WINKLE: Illinois is another excellent region.
12 They are covering an area with very large population and many
13 problems.

14 In the phaseout they had lost quite a number of
15 staff. They are in the process of regaining some of those.

16 We feel that they have the key staff necessary to
17 carry this program forward.

18 The coordinator had planned to leave, but as we
19 got notice of new life, he decided to stay with the program,
20 and we feel that they are moving forward as they should.

21 They did, the RAG delegated authority to the execu-
22 tive committee of the RAG to act for them last summer, and they
23 did present an accounting of discharge of those responsibilities
24 and received full endorsement from the RAG on the actions
25 they had taken.

1 They have requested \$806,142.

2 There is a kidney component in there, frozen blood
3 program. We still feel this is an expansion and would have
4 to be alerted as to the interim regulations.

5 Their new proposals are predominantly in the area of
6 VMS, hypertension, quality assurance.

7 They are going in to engage in a staff contract type
8 of activity in areas of problem oriented medical record assis-
9 tance and planning methodology assistance to health planning
10 councils, CHP B agencies, and we do recommend their request
11 be approved.

12 MRS. SILSBEE: Mr. Ogden.

.. 13 MR. OGDEN: Yes. Dr. Credit has always been one of
14 our most innovative and reliable directors. In my opinion this
15 funding application represents an excellent continuation of
16 his efforts.

17 Frankly, the extension of the program in southern
18 Illinois is welcome and I think it removes some of the previous
19 concern this Council has had about the turf problem of Illinois
20 and neighbors.

21 The proposal includes development of a statewide
22 frozen blood program which would be available to a select
23 group of users, particularly kidney patients. Also includes
24 continuation of computerized hypertension programs.

25 I assume both of those will need approval under Social Security
kidney regulations.

1 The balance of the proposals I read it continues in-
2 novative activities we have approved before, this Council,
3 in earlier applications.

4 I would recommend that this program continue and be
5 funded.

6 I would, however, suggest that the staff does need
7 strengthening and that our staff here should visit with them
8 about the necessity of adding personnel to be able to accom-
9 plish what they indicated they wanted to do.

10 MRS. SILSBEE: Is there a second?

11 DR. FOYE: Could I ask, what is the Mid-Southside
12 Hypertension Registry Project?

13 It has \$100,000 in this budget.

14 MRS. SILSBEE: Mrs. Kyttle.

15 MRS. KYTTLE: It is an activity that has been on-
16 going in this region I believe under Dr. Williams for some-
17 time, and it is nearing completion. This is their last effort.

18 It covers an area that is coterminus with the
19 CHPB set aside area; that is a rough, tough area of Chicago,
20 they used as a testing ground for certain knowns and unknowns
21 and screening for hypertension and developed a registry from
22 it.

23 Hopefully they have made tentative agreements with
24 some of the hospitals in the area to build a base from that
25 so that paramedical personnel can treat the people on this

1 registry and put into this registry the treatment rendered
2 under it.

3 DR. FOYE: I see.

4 MR. OGDEN: I believe also encompassed with that was
5 the intention of continuation of this program under the
6 auspices of the hospital, they would pick it up.

7 DR. FOYE: Yes.

8 MR. OGDEN: This is what it was for.

9 DR. FOYE: Another reason I was asking, general
10 history of most registry attempts has been total nonproduc-
11 tiveness. It is always a very exciting thing to set up a
12 new registry. And there are cancer registries all over the
13 world that do nothing.

14 MRS. SILSBEE: Sounds a little more--

15 DR. FOYE: This is tied in with therapy, guidance,
16 help.

17 MRS. SILSBEE: The motion has been made. I haven't
18 heard a second.

19 MR. FOYE: I will second it.

20 MRS. SILSBEE: Okay, that the Illinois Regional Medi-
21 cal Program should be approved, application should be approved
22 at \$806,142 with the kidney condition, and the recommendation
23 that staff follow up with the RMP regarding strengthening of
24 their staff there.

25 MR. MILLIKEN: Question.

1 MRS. SILSBEE: All in favor?

2 (Chorus of "ayes.")

3 MRS. SILSBEE: Opposed?

4 (No response.)

5 MRS. SILSBEE: Motion is carried.

6 Next.

7 MR. VAN WINKLE: Indiana.

8 We feel this region has come a long way during the
9 past year. As you know, Council had some problems that they
10 had expressed, or some difficulties with this region.

11 We feel that they have addressed those. They have
12 certainly straightened up their entire review process to where
13 we feel we can certify them. We do intend to site visit this
14 region, to follow the process through to see how it is working.

15 They have redone their bylaws to bring them in
16 accord with the RMPS policy statement on that.

17 The region has worked on an EMS bill for introduction
18 by the Governor in the upcoming session of the Legislature.
19 And the Indiana RMP, which served as a coordinating agency,
20 brought some 20 groups together to develop this legislation
21 and we feel they are to be lauded for this endeavor.

22 They also developed the State Renal Committee,
23 statewide plan for renal control, and through the efforts of the
24 staff, State Legislature appropriated half a million dollars
25 annually for the support of transplant and chronic dialysis.

1 They have strengthened the relationship between the
2 health planning and the health program implementation func-
3 tions in the region. We think that they have strengthened their
4 relationship through the RAG with the health care organizations
5 in the state.

6 In all, this program has turned around and is
7 addressing what we feel are some of the real problems in the
8 State of Indiana and they are getting out of Marion County.
9 They are moving out into the state and addressing some of the
10 problems other than just in Indianapolis.

11 Dr. Beering, the coordinator, is 33 percent
12 time on the program. He is, however, actively involved in the
13 management and development of the total program.

14 He has hired a full-time program director, executive
15 director they call him, who is a full-time employee.

16 The present one is leaving the program on December 1
17 and is being replaced by another member of the staff, Dr. George
18 Leamnson, who is now serving as director of the Indiana RMP Com-
19 munity Relations Division.

20 We have talked with Dr. Beering and he has indicated
21 to us that he intends to replace Mr. Leamnson, or to hire a
22 man to replace him, but that that position will not remain
23 vacant.

24 The state has, or the RMP has requested \$304,113
25 for program staff and three activities. They do have a kidney

1 component in here that we feel should be flagged in terms of
2 alerting them to the interim regulations. And we do recom-
3 mend approval of this application as it is submitted.

4 DR. WATKINS: I so move.

5 MRS. SILSBEE: Mrs. Mars.

6 MRS. MARS: Yes.

7 MRS. SILSBEE: Or Dr. Watkins.

8 MRS. MARS: I have a few comments to make about it.

9 I am not questioning the priorities of the program, but it just
10 seems to me the question is really whether or not adequate
11 funds have been requested, or can be allocated to do an ade-
12 quate implementation of these programs.

13 There just isn't enough time to do site visits that
14 might be required and to do really an efficient administration
15 job of some of these proposed programs, especially the
16 emergency medical service one, because if a state does help
17 with that, take over, that will certainly help that program.
18 But it isn't -- besides the money factor, it is the time-
19 frame work. It just seems to me in reading through the pro-
20 gram, there just isn't time enough for completion of any of
21 these programs, and whether or not they are programs which
22 will be picked up and carried on if RMP does go down the
23 drain is very questionable. So this is my only concern and
24 my comment about it.

25 They are spending a lot of money on a hypertension

1 program which I don't think really is a significant health need
2 in that area.

3 I would rather see it put into some of the state-
4 wide projects and it is just-- this is my criticism.

5 Can you answer that for me? Just how do you feel
6 about it?

7 MR. VAN WINKLE: I don't think that we addressed
8 that, Mrs. Mars, in terms of project review per se.

9 We looked at these in terms of whether or not they
10 were within the guidelines, the options.

11 MRS. MARS: I say I didn't question the priorities.

12 MR. VAN WINKLE: We are pleased that the region is
13 moving out of Indianapolis in some fashion, which they had never
14 done in the past. Most of their activities were totally
15 concentrated there.

16 Could I get Mr. Torbert to come to the microphone?

17 MRS. SILSBEE: Dr. Watkins may have some other
18 comments.

19 DR. WATKINS: I endorse the recommendation SCOB.
20 At the same time, I think that they have a more visible and
21 more people project than many of the others, not like the
22 peripheral program, which I call peripheral, like the PSRO's and
23 CHP's. So I really gave this a strong endorsement for that
24 fact.

25 MR. VAN WINKLE: I would like to add one thing if I

1 might. Dr. Ron Brand, who at one time was Assistant
2 Secretary of DHEW, heads up -- what is it -- experimental
3 health care delivery system in Marion County, Indiana.

4 Dr. Brand has become intimately involved with the
5 Indiana RMP and is chairman of their committee, who reviews
6 all of their work and prioritizes it and brings it before
7 their RAG for consideration. We think this is a real step
8 forward in the Indiana RMP.

9 Prior to this year, there was absolutely no contact
10 between these two agencies.

11 MRS. SILSBEE: Any further discussion?

12 There was a motion.

13 MRS. MARS: I think you were going to ask Mr.
14 Torbert a question.

15 MR. VAN WINKLE: I wanted to ask if Mr. Torbert had
16 anything to add on the hypertension.

17 Do you know?

18 MR. TORBERT: I don't know.

19 MR. VAN WINKLE: I am afraid I can't speak to it
20 further.

21 MRS. SILSBEE: That was in the October award, not of
22 this particular application that is already in operation.

23 MRS. MARS: No, but the other, apart from that, is I
24 said the rest of the programming, I just don't see the time or
25 adequate funding really to make these strong programs, to

1 bring them to a completion.

2 MRS. MORGAN: Aren't they getting money, though,
3 from the state government? They could continue on?

4 MRS. SILSBEE: That is true, in the EMS area.

5 MRS. MARS: That is what I am asking.

6 MR. VAN WINKLE: And certainly kidney.

7 MRS. MORGAN: Yes. Half a million dollars from
8 the state government in kidney, and they already have an EMS
9 bill before the legislature which may continue most of these
10 programs in other funding.

11 I second the recommendation they be granted.

12 MRS. SILSBEE: The motion has been made and
13 seconded that the Indiana Regional Medical Program be approved
14 at \$304,113, with the kidney proviso.

15 MR. MILLIKEN: I think Council should recommend
16 that the staff give very close attention to this program in
17 terms of the factors Mrs. Mars brought up. So we are
18 indeed on record as being concerned. And if there is early
19 indication of this program developing this, we should take
20 this up again at the next meeting or whatever meeting.

21 MRS. SILSBEE: Then the motion has been amended to
22 approve the application at \$304,113 with the kidney proviso,
23 and with the advice to staff that they follow this region and
24 monitor the region with regard to concerns about adequate
25 pickup from the region and adequate followup of the proposals

1 contained and to report to the Council at its next meeting.

2 MR. MILLIKEN: Right.

3 MRS. MARS: I second the motion.

4 MRS. SILSBEE: Is there any further discussion?

5 MRS. MARS: I second the amendment I should have
6 said.

7 DR. WATKINS: I accept the amendment.

8 MRS. MARS: I accept the amendment.

9 MR. MILLIKEN: Question.

10 MRS. SILSBEE: All in favor?

11 (Chorus of "ayes.")

12 MRS. SILSBEE: Opposed?

13 (No response.)

14 MRS. SILSBEE: Indiana application has been approved.
15 Memphis.

16 MR. VAN WINKLE: Did I skip that one? Memphis.

17 This region we think is a very strong, viable region.

18 They have retained very strong staff complement. They still have

19 19 full-time employees. This is a region that even during phase-

20 out, remained totally optimistic in moving ahead at all times.

21 I don't think that they were ever of the belief that they were

22 going to phase out. And their activities so indicated.

23 They roughly are in this application, they are de-

24 voting about 33 percent of their moneys to local planning,

25 about 10 percent quality assurance, 19 percent EMS, about roughly

1 10 percent in kidney, 6 percent in hypertension, 32 percent in
2 other.

3 They have been highly successful in generating
4 monitoring and evaluating their activities and they have devel-
5 oped an excellent profile locally as a broker for health inter-
6 est in that entire area.

7 The experimental delivery system contract awarded to
8 Health Systems Management, Incorporated, had very heavy RMP
9 staff input into the application itself and into the future
10 implementation of the program.

11 We had indicated earlier to Council that there was
12 somewhat of a turf problem here. We think that Emphis has
13 addressed this.

14 They have developed a very close working relationship
15 with the State of Mississippi, the Mississippi RMP, and have
16 invited both Mississippi and Arkansas to attend all of their
17 RAG meetings and have full input into the proceedings.

18 They have requested \$494,788. We recommend that the
19 application be approved.

20 There is a small contract in this, in the kidney di-
21 sease area, and here again we intend to alert the region as to
22 the interim regulations.

23 MRS. SILSBEE: Mr. Hiroto, do you have any comment?

24 MR. HIROTO: Yes, I only have a question. Was there
25 not at one time a guideline relative to screening as being

1 something this Council might discontinue?

2 MRS. SILSBEE: Sorry, guideline?

3 MR. HIROTO: Multiphasic screening.

4 MRS. SILSBEE: Multiphasic screening?

5 The Council did have a policy at one point of
6 not initiating any new ones, but as I recall, this one was
7 in place.

8 MR. VAN WINKLE: Not only that, but the moneys to be
9 utilized here, Mr. Hiroto, are for evaluation.

10 MR. HIROTO: Evaluation.

11 MR. VAN WINKLE: They hate to lose all efforts that
12 have gone into this. This is for the evaluation, windup
13 evaluation.

14 DR. SCHREINER: What are they going to do with this?

15 MR. VANWINKLE: What they are doing in northern
16 Mississippi is lending assistance to the creation of a kidney
17 foundation, if you will, that will pull together all of the
18 administrative aspects of that program that is being developed
19 there.

20 It will have input, Dr. Schreiner, both from the
21 Mississippi program and from the Memphis program.

22 Dr. John Bower is in the process of developing a satel
23 lite unit in that area and this will be the administrative unit
24 that administers that total program there.

25 It is a small amount of money. I know that Dr. Bower

1 had requested that Memphis furnish him with a trailer and
2 they didn't buy that, instead put it into the development
3 of this organization that would administer the program.

4 So I gather the trailer would probably be bought with
5 local donations.

6 DR. SCHREINER: It strikes me as being kind of token-
7 less to spend this, kidney area, 33 percent of the planning.
8 Technically they are in the last year of their thing; they
9 ought to be pushing some stuff in the program.

10 MRS. SILSBEE: Mrs. Kyttle.

11 MRS. KYTTLE: It is time to stop planning and start
12 doing. That ought to be the message.

13 MR. VAN WINKLE: I think that program in Mississippi
14 ought to get off the ground even if Memphis didn't put any
15 dollars into it.

16 I think as much as anything, this is their effort
17 in the collaboration with the Mississippi program.

18 MRS. SILSBEE: The Mississippi portion of the pro-
19 gram has been funded well in the past few years, renal
20 for the last ten years.

21 I don't believe that Memphis has even in the past
22 put much effort into the renal area.

23 I am not aware of any dollars in the past.

24 Loraine, could you speak to that?

25 MRS. KYTTLE: Shortly before I had this regional

1 assignment, I noticed in reading back into it Memphis sub-
2 mitted a rather ambitious renal program to RMP. It got shot
3 down. They have never recovered.

4 MR. VAN WINKLE: Yes.

5 MRS. KYTTLE: This, Dr. Schreiner, is a response
6 to a request from the budding northern Mississippi Kidney
7 Foundation, to help them with the tubulo operation, and they
8 asked for assistance with the director's salary, and that is
9 what that represents, the director's salary in tubulo to
10 fortify Bowers' satellite there.

11 DR. SCHREINER: Yes. What I am saying is I think
12 that is a very, very much needed -- it is a real poverty area
13 with very little going on. It seems to me it is kind of a
14 small pebble in a big pond. They ought to be doing more of
15 it.

16 MRS. MORGAN: Maybe Mississippi is taking it up.

17 MR. HIROTO: I move to approve.

18 MR. MILLIKEN: Second.

19 MRS. SILSBEE: Motion has been made that the Memphis
20 application should be approved at the requested level of
21 \$494,788; with the even small kidney portion being flagged
22 with regard to the Social Security regulation.

23 MRS. MORGAN: Could we add to that if more moneys
24 become available, that they may look towards helping more in
25 this area?

1 MRS. SILSBEE: With advice to the region that they
2 consider greater programming in the kidney area.

3 MRS. MORGAN: Right. I think so.

4 MRS. SILSBEE: Mrs. Kyttle.

5 MRS. KYTTLE: The local Regional Advisory Group
6 gets its kidney money elsewhere and does not come to us.

7 MRS. MORGAN: Doesn't need it. This is fine.

8 MRS. SILSBEE: Maybe we could amend that.

9 MRS. KYTTLE: That would be a difficult amendment
10 for them to work with.

11 MRS. MORGAN: Well, it wasn't seconded.

12 MRS. SILSBEE: Do you want to withdraw it?

13 MRS. MORGAN: I will withdraw my amendment.

14 MRS. SILSBEE: We will amend it with advice to
15 staff to give a better picture of the kidney programming
16 that is occurring in the region for Council next time.

17 DR. SCHREINER: They get the direct program, they
18 are the biggest state with vocational rehabilitation, but
19 private kidney foundation matches it. They get \$4 for every
20 dollar they raise, which is a very effective program. However,
21 it seems to me that, you know, that is patient care money,
22 and this is what I am trying to develop is that where such
23 possibilities exist, that is where the RMP ought to be very,
24 very aggressive to get up the facilities.

25 They have been doing that for four years, for

1 example, and question could be asked as to why wasn't,
2 you know -- if all it took to utilize vocational rehabilitation
3 money was to get a truck or store front or part of a manager's
4 salary, that is precisely where our RMP ought to be aggressive,
5 where the other part is already being taken care of.

6 In other words, how to put the small tap into the
7 big well, that should be the secret of RMP.

8 The fact that they are getting money elsewhere for
9 patient care is not an argument to me that RMP shouldn't
10 be in there; it is the argument why RMP should be in there
11 full fledged.

12 MR. MILLIKEN: I think your suggestion would be
13 adequate for now, staff come back to this Council with more
14 information.

15 MRS. SILSBEE: Okay.

16 MRS. MORGAN: I think it was moved and seconded.
17 I withdrew my amendment.

18 MRS. SILSBEE: All in favor?

19 (Chorus of "ayes.")

20 MRS. SILSBEE: Opposed?

21 (No response.)

22 MRS. SILSBEE: Next application is from Michigan --
23 I am sorry, from Mississippi.

24 MR. VAN WINKLE: Mississippi. This region has re-
25 tained its key staff. They have nine professionals left that

1 represent medicine, education, planning and evaluation,
2 demography, sociology, psychology, fiscal management, and
3 program development.

4 They have an excellent coordinator. Their RAG has
5 remained very active and so have their task forces.

6 They presently have 13 contractual activities and
7 5 operational activities that were proposed to be ongoing
8 through June. The 13 contracts are all new.

9 I would like to point out the State of Mississippi,
10 with the few resources, economic resources that they have,
11 they still have been able to find funding for 80 percent of
12 their terminating activities which I think is commendable.

13 We feel that they certainly have been a change agent
14 in the region's health care delivery system.

15 The coordinator at the present time is involved with
16 the Governor's office in the total health care planning for
17 the State of Mississippi. So we feel he is getting some
18 recognition there. And the RMP some visibility.

19 They do have renal projects in this application.
20 We will alert them to the provisions as we have stated before
21 of the interim regulations. They have an excellent renal pro-
22 gram that really is covering the entire state in a very
23 commendable fashion, and I think this is one state say they
24 have done as much in cost containment in renal disease as any
25 state I am aware of.

1 They have requested \$325,836 to support 18 activities
2 and we recommend approval of this application.

3 MRS. SILSBEE: Mrs. Mars.

4 MRS. MARS: I move it be approved, as stated,
5 but I would like to make a few comments.

6 In reading through the application, they suddenly
7 have come up with some 39, is it, new activities, not all of
8 which have been accepted. But it looks and sounds like a sort
9 of feverish and unnecessary attempt to add a show of strength
10 to the program.

11 I felt that many of these are of really little
12 permanent value as a contribution to the benefit of the health
13 needs of Mississippi. And suddenly organizing a lot of one-
14 day seminars and hurriedly organized workshops, and I can't
15 find that a constructive way to create any permanent effec-
16 tiveness.

17 So I do think that this programming should be watched
18 carefully and the staff should be alerted to that fact.

19 So that they carefully examine the new activities
20 and try to get Mississippi to eliminate some of them.

21 MR. VAN WINKLE: You are particularly referring to
22 those that-- what is the lady's name in Mississippi who is
23 responsible for most of their continuing education?

24 MRS. MARS: It looked like just a way to spend money,
25 so to speak, and use up the fund in a panic.

1 MR. VAN WINKLE: All right.

2 Some of these activities, though, that have come
3 in have been a result of an -- I would say a two-year buildup
4 on the part of the Mississippi program, in getting around the
5 state and becoming recognized. And I think some of that mo-
6 mentum is still rolling right on forward.

7 MRS. MARS: Yes, that may be true.

8 There is also in the staff recommendation here a point
9 that must be brought in, the region should be alerted to the
10 provision contained in the interim rules and regulations under
11 Title 20, Chapter 3, of SSA-DHEW Regulation 5, Part 405,
12 Federal Health Insurance for The Aged. This regulation per-
13 tains to payment for services in connection with kidney
14 transplants and renal dialysis to entitled beneficiaries.

15 So this is a recommendation being included in the
16 motion which I have moved for acceptance.

17 MRS. SILSBEE: Do I hear a second?

18 MRS. MORGAN: I second it.

19 MRS. SILSBEE: Any discussion?

20 All in favor of the motion?

21 (Chorus of "ayes.")

22 MRS. SILSBEE: Opposed?

23 (No response.)

24 MRS. SILSBEE: The application is approved as re-
25 quested and with the conditions noted.

1 MR. VAN WINKLE: North Carolina?

2 MRS. SILSBEE: North Carolina.

3 MR. VAN WINKLE: This region accepted the phaseout
4 instructions very literally, I might say, and had submitted
5 a plan to terminate their entire program as of June 30th last.

6 This plan was accepted and then when they got the
7 word of the turnaround, they picked back up, they retained
8 their key staff, and you will find that this application does
9 request support for 11 activities. Those are continuing
10 activities. And funding of 16 new ones.

11 They, too, have a backlog of approved RAG projects
12 that are sitting in the wing, so to speak. They are requesting
13 \$586,504 to support a total of 27 activities.

14 They do have an application in here for care of
15 patients with chronic uremia, and again we have put in with
16 our recommendation the alert as to the provision under the
17 interim rules and regulations.

18 This is not a new program that they have, but it
19 is an expansion.

20 MRS. MORGAN: Is this with dialysis or they don't
21 really --

22 MR. VAN WINKLE: Yes, ma'am, it is.

23 MRS. MORGAN: They really don't say.

24 MR. VAN WINKLE: It is expansion of an existing
25 program.

1 DR. SCHREINER: Community hospital satellite system
2 Dr. Robertson runs.--

3 MR. VAN WINKLE: Yes.

4 MR. MILLIKEN: I don't see any item here for program
5 staff.

6 MRS. SILSBEE: This is one of the anomalies of this
7 method. December 1, the region will be submitting plan
8 for their funds that were not expended from the October award
9 and it is not program staff in that?

10 MR. VAN WINKLE: Yes, it is.

11 MR. MILLIKEN: How much will it be?

12 MR. VAN WINKLE: On their program staff? They will
13 be requesting approximately \$260,000 for support of program
14 staff and staff activities.

15 MRS. MORGAN: This is from unexpended funds?

16 MR. VAN WINKLE: Yes, ma'am, it is. And they took
17 total amount of this and put into operational activities.

18 MRS. SILSBEE: Mr. Ogden, did you have any comment?

19 MR. OGDEN: Yes. My comment in reviewing the materials
20 that have been sent to me was program really appeared to have
21 suffered from complete phaseout plan followed by scramble to
22 keep the ship afloat, with a result these projects, at least,
23 appeared to me to lack a programmic adhesion. They are the
24 more traditional support programs we have seen before and they
25 are aimed, a great many of them, at health manpower and there

1 are a lot of little ones.

2 Nevertheless, I think there is some recognition of
3 the EMS and PSRO needs.

4 I would encourage funding to let them move ahead,
5 but I would urge this RAG renew their efforts to channel
6 into more meaningful substantive proposals.

7 MRS. SILSBEE: I think that will be very helpful
8 advice to come from Council.

9 MR. VAN WINKLE: Yes.

10 MRS. SILSBEE: Do we have a motion?

11 MR. OGDEN: I will move that it be approved.

12 MR. MILLIKEN: Second.

13 MRS. SILSBEE: Motion has been made and seconded
14 the North Carolina application for \$586,504 be approved with the
15 kidney condition, and advice to the region with regard to
16 Council's concerns about the apparent lack of program co-
17 hesion and responsibility of the RAG in regionalizing the
18 important aspects of the program.

19 Does that state your views?

20 Is there any further discussion?

21 All in favor?

22 (Chorus of "ayes.")

23 MRS. SILSBEE: Opposed?

24 (No response.)

25 MRS. SILSBEE: North Carolina's application is

1 approved.

2 MR. VAN WINKLE: We covered Northlands yesterday.

3 MRS. MORGAN: Yes.

4 MRS. SILSBEE: How about Ohio Valley?

5 MR. VAN WINKLE: Ohio Valley.

6 This has always been one of our stand out programs
7 under the leadership of Dr. William McBeath.

8 As you are aware, probably, Dr. McBeath left this
9 program to become Executive Director of the American Public
10 Health Association. One of his staff, Mrs. Hebbeler, who is a
11 former program development specialist and a member of the
12 staff since 1969, has been appointed as Dr. McBeath's successor.

13 This program and staff have maintained their working
14 relationships with all the key health agencies in the region
15 and the present staff is changed somewhat; they certainly have
16 been reduced in number, but I know that Mrs. Hebbeler has been
17 recruiting and she has hired some new staff.

18 The RAG in Ohio Valley is as active as any I know.
19 They do provide the leadership for the Ohio Valley RMP.
20 Extremely strong, extremely active. Well indoctrinated RAG
21 people. And I think that the process that the staff has set
22 up for indoctrination of new RAG members is one that any
23 region could well follow.

24 The staff feel that we need to provide them with
25 some staff assistance in the very near future on a continuation

1 basis, particularly in the areas of fiscal management, and
2 in the administrative management of the program.

3 Mrs. Hebbeler is new. We feel she needs some assis-
4 tance, and we certainly intend to provide that.

5 They have requested \$497,201 for the support of a
6 program staff component, 16 operational activities. There
7 is a request in here for support of a kidney activity.

8 This request, as near as we can determine, through
9 telephone conversations, it is to be basically utilized for
10 region-wide followup and data system that relates to their
11 transplant effort in the area.

12 So here, again, we intend to alert the region as to
13 the interim regulations, so that they are aware of this, and
14 so can alert the applicant agency.

15 We do recommend approval of this application as
16 submitted.

17 DR. SCHREINER: When they talk about regional organic
18 sharing networks, is this to plug into an ongoing network
19 or are they trying to create--

20 MR. VAN WINKLE: It is plugging into a total system.
21 They are not trying to create anything new.

22 Dr. Schreiner, you may recall that they had come in
23 for kidney activities in the past, which had been approved by
24 Council, and those are ongoing.

25 I think one that was turned down that you might

1 recall was trying to put a Belther unit in a mobile unit and
2 haul it all around the state, and they did take advice of
3 Council, they did get their unit but stationed it at the place
4 where the transplant was to be effected. So far as I can re-
5 call, they do have a very active program in Louisville and in
6 Cincinnati, and also there at Lexington. But it is a tri-
7 partite effort.

8 They are working quite effectively together. So if
9 they don't have the duplication of effort--

10 DR. SCHREINER: I was wondering what they were plug-
11 ging in in southeastern--

12 MR. VAN WINKLE: Erwin. And with Arkansas and others,
13 yes.

14 MRS. SILSBEE: Mr. Hiroto, did you have any comment?

15 MR. HIROTO: Only it seemed to me the program cost
16 as compared to the total was running something like 40 percent.
17 I was wondering if there was a reason for that or if that is
18 considered too high?

19 MR. VAN WINKLE: With program staff, there is still
20 a lot of staff activities that are being carried out, operation-
21 al activities if you will.

22 Are you speaking only of personnel?

23 MR. HIROTO: It was just the numbers really.

24 MRS. MORGAN: 185 staff.

25 MR. VAN WINKLE: If we had a total breakout for you

1 in terms of staff versus activities that they are supporting
2 out of staff, you could see the difference.

3 It is a difficulty we also have in trying to iden-
4 tify what is listed in here as core.

5 MR. MILLIKEN: This is also very complicated in a
6 state program where they have to keep constant relationships
7 with medical schools and state governments and voluntary
8 and professional organizations in three states.

9 MR. VAN WINKLE: And four at sometimes when they get
10 over on the West Virginia border.

11 MR. MILLIKENS: It absorbs a great deal of staff.

12 MR. VAN WINKLE: They have been tremendously effec-
13 tive, you know, in utilizing their resources of the-- what is
14 the group, Appalachia program?

15 DR. VAN HOEK: Regional program.

16 MR. VAN WINKLE: Yes, quite effective in using that.

17 They have been the starting agent, people who got the
18 seed money in there. And Appalachia has picked up almost all
19 of those programs without their help.

20 MR. OGDEN: I appreciate the comments of Mr. Milliken,
21 who, I would remind you, is Chief of the Office of Comprehensive
22 Health Planning, State of Ohio.

23 I think he is more familiar with this program than
24 the rest of us.

25 MR. HIROTO: And I move for approval.

1 MRS. MORGAN: Second.

2 (Laughter)

3 MRS. SILSBEE: Motion has been made and seconded
4 that the Ohio Valley Regional Medical Program application
5 be approved at the requested level of \$497,201, with the
6 kidney condition, and the advice that the management program be
7 followed rather carefully.

8 Is there further discussion?

9 MRS. MARS: Question.

10 MRS. SILSBEE: All in favor?

11 (Chorus of "ayes.")

12 MRS. SILSBEE: Opposed?

13 (No response.)

14 MRS. SILSBEE: Motion is carried.

15 Let's do South Carolina, Tennessee, Mid-South and
16 Wisconsin, and then have coffee.

17 MR. VAN WINKLE: South Carolina.

18 This region has presented an excellent application.
19 It was a bit lengthy, but if you can wade through it, I think
20 they covered all contingencies.

21 MRS. MARS: I certainly do.

22 MR. VAN WINKLE: Any questions we might raise.

23 (Laughter)

24 Quite thoroughly I might add.

25 They still have a 13-member staff with 7 professionals

1 out of that.

2 It has been a very active program. They have an
3 extremely active RAG.

4 I might say that they represent a very conservative
5 constituency.

6 We feel that their staff down there does an out-
7 standing job of keeping the RAG informed, and that the members
8 of this RAG come to meetings with a level of knowledge con-
9 cerning agenda items far above most of the counterpart regions
10 we deal with.

11 We do feel, however, that this traditional conserva-
12 tism still tends to produce certain programmic confinements
13 and I think you can see that reflected in the work that they
14 are carrying out.

15 I would point out to anyone the RAG chairman's report
16 in this particular application as one of-- I just think it is
17 excellent and I wish we could get other RAG chairmen to report
18 as this one has.

19 It is an excellent report and provided us with a
20 great deal of information in terms of what is happening in
21 South Carolina region.

22 This application does have a kidney component in it.
23 Again, we intend to alert the region as to the interim guide-
24 lines, or rules and regulations.

25 I wanted to point out that 15 new activities approved

1 by the RAG at its November meeting assigned priorities per-
2 mitted proposed funds for only 10; 4 of these in quality of
3 care, 2 in renal dialysis, 2 in hypertension, 1 strengthening
4 local planning and 1 concerning EMS.

5 In addition, this application proposes continued
6 support for 8 activities that were begun under the October 1
7 allotment.

8 We think the geographic distribution of the activi-
9 ties are very good, and that their sponsorship represents the
10 satisfactory spread when one considers it, MUSC is the
11 single medical school in the state.

12 They have very close ties with the CHPB agencies
13 and they are requesting their full allocation of \$516,510,
14 and we would recommend approval of this application.

15 MRS. MORGAN: I have a question on this: 608 pro-
16 gram, screening hypertension in children, and 78, uropathies
17 and hypertension screening in children, is there an overlapping
18 or are these in the same areas, or were they in different parts
19 of the state?

20 MR. VAN WINKLE: Mrs. Kyttle?

21 MRS. KYTTLE: 608 has been traditionally called,
22 and I don't know why it is coming up in this sheet as "screen-
23 ing hypertension," it has traditionally been their pediatric
24 pulmonary activity.

25 (Laughter)

1 I haven't tracked that down yet.

2 MRS. MORGAN: It sounds like they have overlapping
3 programs from just looking at the green sheet.

4 MRS. KYTTLE: Yes, because they are both out of
5 MUSC. But I think the misnomer is on 60 rather than 70.
6 I think 60 is their pediatric pulmonary and the other is
7 a different department. But they are both out of MUSC.

8 MRS. SILSBEE: Dr. Chreiner or Mrs. Mars, did you have
9 any comment?

10 DR. SCHREINER: Yes, I was very happy to see-- they
11 have some areas outside of Charleston with extraordinarily
12 high instances of hypertension. I think it is good to see they
13 turned some of their priorities in this direction, because the
14 patients are there, studies could-- I think their mix of pri-
15 orities looks pretty good to me.

16 MRS. SILSBEE: Mrs. Mars.

17 MRS. MARS: One interesting program I thought that I
18 picked up was the fact, well it is not RMP's but they are con-
19 tinuing with it. The governor of the state has created a
20 Health Policy and Planning Council which is viewed ultimately
21 as being the clearing house for health dollars in the state.

22 Dr. Mosley, the coordinator, does serve on the steer-
23 ing committee of the task forces of this, and this is certainly
24 a very useful health process.

25 I really have nothing to say except that would not

1 be complimentary to it, because it is a good program. I think
2 they are very optimistic but--

3 MR. VAN WINKLE: Yes.

4 MRS. MARS: But apart from that, why, I certainly
5 move for its approval, for full funding.

6 I think the RAG possibly is a little overzealous
7 in its knowledge, because at times it does hinder -- seems
8 to hinder some of the programs.

9 MR. VAN WINKLE: Yes, we were there for one of the
10 RAG meetings and at five o'clock in the morning we began to
11 think they were a little overzealous too, and it did go that
12 long.

13 (Laughter)

14 MRS. MARS: I still don't think it is too much of a
15 fault.

16 MR. MILLIKEN: Second.

17 MRS. SILSBEE: The motion has been made and second-
18 ed that the South Carolina application be approved at
19 the requested amount of \$516,510 with the kidney condition.

20 Is there any further discussion?

21 All in favor?

22 (Chorus of "ayes.")

23 MRS. SILSBEE: Opposed?

24 (No response.)

25 MRS. SILSBEE: How about Tennessee?

1 Tennessee Mid-South has experienced a tremendous
2 reduction in staff. This was a region that we have been work-
3 ing with quite intensively over the past several years in try-
4 ing to break them away a bit from the grantee institution,
5 Vanderbilt.

6 In this process, during the last year, the coordina-
7 tor, our Dr. Teschan, was-- let's say he resigned as coordina-
8 tor and accepted another position in the grantee institution.

9 Dr. Richard Cannon was appointed as coordinator, and
10 at that time he came in and spent a full day with staff,
11 returned to Nashville and within the next 48 hours had met with
12 his RAG and totally accomplished everything that we had been
13 requesting in terms of revising their bylaws and having certain
14 things affected.

15 We were quite impressed with his performance and
16 there is a new dean at the school, a Dr. Chapman, and he and
17 Dr. Cannon seem to have a very effective working relationship.

18 We are still concerned, though, about -- perhaps a
19 lack of financial expertise within his particular staff. Dr.
20 Cannon is aware of this. Staff is working with him in terms
21 of suggesting staff from other RMP's who can come in and
22 assist them with their fiscal management.

23 So we feel that this program does have a restruc-
24 tured RAG as a result of the bylaw changes. They certainly
25 will have turnover of that RAG in proper manner. They have a

1 new coordinator. They have a very small staff. And they
2 have a lot of funds coming. So we do have some concerns
3 about rebuilding the central capability.

4 But we are basing our recommendation I think on Dr.
5 Cannon's success in the past, in meeting some very thorny
6 issues and getting them resolved in a very short period of
7 time.

8 The application requests the full remaining alloca-
9 tion of \$658,912. These activities are spread among 18
10 components, 13 new activities, 2 proposals, fortifying and
11 continuing activities generated on October 1, and there is a
12 kidney component in this application.

13 Here, again, we will see that the region is alerted as
14 to the interim regulations.

15 We would recommend that the application be approved
16 as requested.

17 MRS. SILSBEE: Mr. Ogden.

18 MR. OGDEN: Yes. My reaction at the moment is not
19 to be overly critical of programs which have been torn apart when
20 they appear to be less cohesive in approach than previously,
21 but I am constrained here to suggest this regional medical
22 program would appear to need good RAG review and staff coor-
23 dination to pull a program together, particularly in view of the
24 fact that the coordinator is new.

25 The emphasis on this program, as I read the material

1 sent to me, is on quality assurance or individual projects.

2 I am pleased to see many of them have considerable
3 impact in rural areas. Partly because of the way in which
4 Dr. Teschan was removed-- and I am going to use the word precisely
5 ly in that way--and the Vanderbilt influence, and also
6 because it is new, I would urge this coordinator seek the
7 advice and assistance of his experienced peers around the
8 country and I think this should be a direct suggestion to him
9 from Council.

10 Now, there are two things in this application that
11 I would like to ask the Council consideration on and staff
12 consideration, because I am somewhat confused as to what we
13 are permitted to do.

14 There is included in this proposal the purchase of
15 equipment for renal dialysis for the University of Tennessee
16 Hospital, and a proposal to establish a Georgia-Tennessee Region-
17 al Medical Communications System by purchasing and installation
18 of standardized equipment in 11 hospitals, and a microwave
19 relay station. I am concerned about the propriety of buying
20 hardware and installing it in particular locations?

21 I need advice as to whether this is still -- well, the
22 propriety of doing this.

23 MRS. MARS: I thought we weren't permitted to buy
24 hardware.

25 MR. VAN WINKLE: Certainly you can't very well

1 create a new dialysis unit without providing some equipment to
2 get it under way.

3 This is located at the eastern part of the state.

4 MR. OGDEN: I recognize that.

5 MR. VAN WINKLE: Where there are no services.

6 MR. OGDEN: Yes. Well, in a way it is similar to
7 what we did with high voltage radiation for Anchorage, Alaska;
8 people either died or went to Seattle if they had the money to
9 do it.

10 But I just raise the question about these things
11 because I think it is something that shouldn't go by without
12 at least being mentioned, being brought up to talk about
13 directly.

14 MR. VAN WINKLE: Could I ask Mr. Gardell if there
15 is any restriction on the purchase of such equipment?

16 MR. GARDELL: I think we have been discouraged from
17 doing nothing, but supplying equipment for any activity.
18 But I am assuming here we have more of an interest than in
19 just putting equipment into a location or an activity.

20 MR. OGDEN: I think this may be true with renal
21 dialysis. I am not really questioning that one.

22 I am, however, concerned about this system, emergency
23 medical communication system which seems to encompass equipment
24 in eleven hospitals and microwave relay station.

25 DR. SCHREINER: Television?

1 MR. OGDEN: Radio. Emergency ambulance call and
2 so forth.

3 Perhaps staff personnel who can follow this region,
4 give us some advice as to what this is all about and some
5 guidance as to what we can do.

6 MRS. SILSBEE: Was Tennessee Mid-South one of the
7 regions visited on EMS projects this summer?

8 MR. POSTA: Not EMS.

9 MRS. SILSBEE: Mrs. Kyttle?

10 MRS. KYTTLE: The State of Tennessee in which we
11 have two regional medical programs has passed state legisla-
12 tion regarding emergency medical systems. And because its
13 requirement called for training of X number of EMT's by X date,
14 the Memphis program concentrated on that aspect statewide.

15 It is not Western, Tennessee.

16 Some of these efforts were done collaboratively
17 with Nashville.

18 Nashville out of staff efforts, and I don't know
19 a great deal about its past efforts, Mr. Ogden, because I am
20 comparatively new in this regional assignment, have been work-
21 ing with EM councils which the state legislation also requires.
22 And in working with these councils, particularly in the eastern
23 part of the states which has a rugged terrain and more rugged
24 than the west, the need for the communication link was viewed
25 in the Regional Advisory Group at that time as a staff effort

1 to build on. And it wasn't ready for the October application
2 but the RAG meeting that I attended at which these were discus-
3 sed brought these efforts forward that with the DOT, Department
4 of Transportation support, the state support under its legis-
5 lation, and with RMP, RAG was told the circle would be com-
6 plete.

7 MR. OGDEN: Let me just read Council the opera-
8 tional activity summary that appears on this, for what it is
9 worth:

10 "First to develop an emergency disaster system...
11 by June 30, 1974, including purchase and installation
12 of standardized equipment in 11 hospitals by April 30,
13 1974; training of personnel in the 11 hospitals in the
14 proper use of communication equipment by May 31, 1974;
15 purchase and installation of microwave relay equipment
16 on Lookout Mountain by April 30, 1974, to overcome the
17 effect of possible terrain on communication capabilities;
18 and to assure the proper functioning and usage of equip-
19 ment by June 30, 1974."

20 MR. VAN WINKLE: Could we suggest perhaps a restric-
21 tion on these funds until we have an opportunity to--

22 MR. OGDEN: I think we ought to restrict this until
23 we have some idea whether the State of Tennessee could pay
24 for this, or maybe somebody else.

25 It troubles me we are getting into the installation

1 of something that is not demonstration. This is something that
2 is going to be there permanently.

3 MRS. MARS: Right.

4 MR. OGDEN: We are setting it up.

5 MR. MILLIKEN: This timetable is not realistic.

6 We just set one of these up in southeastern Ohio; it took
7 2-1/2 years.

8 MR. OGDEN: Thank you. That is something to know.

9 Let me go on just half a second, Judy, because I
10 would like to have Dr. Schreiner's thoughts on this.

11 Renal dialysis unit, it says "to approve the
12 purchase of equipment not presently in the unit, weighing
13 pad, cardiac monitor, and reverse osmosis water treatment
14 machine."

15 "This unit is designed for...short-term dialysis
16 until kidneys recover...;function as a team."

17 That is what they are urging us to spend these
18 funds for.

19 This would go into the University of Tennessee.

20 MR. VAN WINKLE: At Knoxville, is it?

21 MR. OGDEN: I assume it is at Knoxville.

22 MRS. KYTTLE: Yes.

23 DR. SCHREINER: They probably have a bad water
24 problem from the sound of things, and that is one way of
25 solving it -- not necessarily the only way. Not necessarily

1 the best way. But there are about five different ways of
2 approaching bad water and that is one of them. That is accep-
3 table at least.

4 MR. OGDEN: Would you rather have someone look into
5 that a little more carefully before you funded it up?

6 Do you think maybe it isn't the best way?

7 DR. SCHREINER: It probably would be cheaper to use
8 constitutional dialysis, something like that, where you are not
9 so troubled by the water.

10 MR. OGDEN: I would think I would like to ask re-
11 striction of both of these things until they can be reviewed
12 further.

13 MRS. SILSBEE: It seems to me, Mr. Ogden, this also
14 relates to your initial concern, which was the RAG and the
15 way in which it is-- as we know, this is in a tender stage
16 right now, but this might help to put a little teeth in it.

17 MR. OGDEN: I hate to suggest it, but it sounds to
18 me like somebody who wants hardware is sneaking it into a
19 new director before he has things nailed down.

20 I don't want to suggest that is the case, because I
21 don't know. But these are brand new and these are somewhat
22 unusual programs. I really would suggest we hesitate on
23 these and look into them a little more carefully to see whether
24 the State of Tennessee can fund the hardware on the emergency
25 system, and have someone -- -- Dr. Schreiner or someone who

1 knows this situation in kidney look at it pretty thoroughly.

2 DR. SCHREINER: Good role for a technical consul-
3 tant, because lots of people approach these kinds of problems,
4 you know, with a fixed idea in mind and there may be a less
5 costly solution to the situation.

6 MRS. SILSBEE: Also with the condition that will be
7 put on an expenditure of those funds until exception approval,
8 we have two ways of getting at it.

9 MR. OGDEN: Okay.

10 MRS. SILSBEE: Dr. Foye, did you have any further
11 comments?

12 DR. FOYE: Not on this.

13 MRS. SILSBEE: Could I have a motion?

14 MR. OGDEN: I will move it with the amendments that
15 I have made, restrictions.

16 MRS. SILSBEE: Thanks.

17 MRS. MARS: Second.

18 MRS. SILSBEE: The motion has been made that the
19 Tennessee Mid-South application be approved at the requested
20 amount of \$658,912 with the following conditions:

21 One, that the general kidney condition be put on
22 with regard to Social Security Administration.

23 Two, that the amounts proposed for the purchase of the
24 EMS communications equipment and the kidney dialysis equipment
25 be restricted pending technical review.

1 MR. VAN WINKLE: For the record, the renal project
2 is number 76, in the amount of \$13,200. The EMS is project
3 81, in the amount of \$50,000.

4 I do believe that you had further advice to the
5 region.

6 MRS. SILSBEE: And number three, that the staff
7 carefully monitor and the Regional Advisory Group review
8 process.

9 And four, that the coordinator be urged to--

10 MR. OGDEN: Urged to seek the advice and assistance
11 from his experienced peers around the country in getting his
12 RAG and his Regional Medical Program well organized, so that
13 he is not directly listening to them at the university.

14 MRS. SILSBEE: Motion has been made and seconded.

15 Is there any further discussion?

16 MRS. MARS: Question.

17 MRS. SILSBEE: All in favor?

18 (Chorus of "ayes.")

19 MRS. SILSBEE: Opposed?

20 (No response.)

21 MRS. SILSBEE: Tennessee Mid-South application has
22 been approved.

23 DR. SCHREINER: I might just comment, I think the
24 education of the people to run the communications network
25 would be an enormously important function of R&D. A lot of

1 these things are bought and don't have--

2 MR. OGDEN: Educating the people so they can continue.

3 We might suggest, take a look at what has been done
4 in Ohio Hills on this type of thing before they get involved
5 in this themselves.

6 MRS. SILSBEE: The last one in South Central is
7 Wisconsin.

8 Mr. Van Winkle says he can do it in short order.

9 MR. VAN WINKLE: I understand we have a coffee break,
10 so I will hurry.

11 MRS. MORGAN: All right.

12 MR. VAN WINKLE: Wisconsin is an excellent program.
13 They have retained most of their key staff. During the phase-
14 out, they closed their Milwaukee office and moved their
15 entire operation to Madison.

16 Dr. Hirschboeck has resigned, been replaced by Dr.
17 Tracy, who has been a member of the staff for sometime.

18 We have no difficulties with this program. They
19 have requested \$540,646, which represents their full remaining
20 allotment for FY-74.

21 I could sing some praises about this region, but I
22 will not due to the lack of time and we will recommend that
23 the application be approved as submitted.

24 MRS. SILSBEE: Mr. Milliken.

25 MR. MILLIKEN: So move. Agree.

1 MRS. MORGAN: Aren't we here, though, doing the same
2 thing, purchasing equipment for microwave EMS in this area?

3 MRS. SILSBEE: This particular region has an EMS
4 planning effort of which this is a big-- there has been a lot
5 of attention made in the planning and this may very well be
6 a natural corollary of it.

7 MR. VAN WINKLE: They were awarded a two-year EMS
8 activity that was carefully reviewed by a special EMS committee,
9 and this is a portion of that two-year program.

10 MRS. SILSBEE: I heard a motion, but I didn't hear
11 a second.

12 DR. FOYE: Second.

13 MRS. SILSBEE: Motion has been made and seconded the
14 Wisconsin application be approved as requested, at \$540,646.

15 Any discussion?

16 All in favor?

17 (Chorus of "ayes.")

18 MRS. SILSBEE: Opposed?

19 (No response.)

20 MRS. SILSBEE: Okay, Wisconsin application is
21 approved.

22 Could we be back, please, at eleven o'clock.

23 (Whereupon, a short recess was taken.)

24 MRS. SILSBEE: Could we get started, please.

25 We are going to take up the Western Operations

1 Branch regions, the remainder. There are four of them, and
2 that is in the gray book.

3 The first one is California.

4 MR. RUSSELL: The California RMP, as noted on the
5 yellow sheets, went through an HEW audit, which raised a num-
6 ber of issues.

7 MRS. SILSBEE: Excuse me.

8 Mr. Hiroto, you have to go.

9 MR. HIROTO: Bye-bye.

10 MRS. SILSBEE: Yes.

11 (At this point Mr. Hiroto withdrew from the room.)

12 MR. RUSSELL: The issues raised by the audit, many
13 of them were resolved by the phase-out of RMPS, the notice.

14 California has closed down all of its area offices.
15 There were nine.

16 The staff has been centralized out of the Oakland area,
17 with staff in the northern and southern parts of California,
18 field staff.

19 To quickly bring you up to date where the program is
20 now, and the problems as we see it, is that, one, the staff
21 is very, very short as of right now. This was a concern, Mrs.
22 Sadin called the director of the program just this past week
23 and he assured us that they have more applicants available than
24 there are vacancies on the CCRC staff. So we don't believe that
25 is going to be a problem.

1 California continues to be innovative. Its health
2 services educational activities are noteworthy. Its EMS
3 activities have been very successful. And as indicated by
4 their budget, they have programmed in all of the option areas.

5 One thing that we are concerned about is that the
6 Deputy Director, in all probability, will be leaving the
7 CCRMP. We see this as leaving a very big gap in the manage-
8 ment aspects in the Central Office.

9 There are a number of kidney activities. Most of
10 these are ongoing. But we would want to recommend to the
11 CCRMP that they check everything they have got going in the
12 kidney area to make sure it does comply with the appropriate
13 policies.

14 The CCRMP RAG is in tact. It has been expanded since
15 the last review, from all indications. We believe the program
16 is still viable with those concerns, that we have already noted
17 those do need to be addressed.

18 With that, I would like to ask the Council if they
19 have any questions raised on the information they have avail-
20 able?

21 MRS. SILSBEE: Mr. Ogden.

22 MR. OGDEN: The California RMP application material
23 was sent to me. I thought it was quite good.

24 It appears they are approaching their continued
25 function in the state almost on a better programmic basis than

1 before, with the elimination of these area offices, except
2 for the Northern-Southern California field offices.

3 They had a proliferation of projects in the past,
4 with these area offices, almost made some nine independent
5 RMP's in that state.

6 Now, it seems to me that what is resulting here is
7 going to be a great increased administrative burden on the
8 central core staff and I would suspect that the central core
9 staff ought to be augmented to handle some of the work done by
10 some of these area offices. That would necessitate a good
11 deputy being on board. Manpower assessment, development
12 patient care quality control structures... I am impressed
13 with the EMS program as well as continuation of emphasis on
14 the coordinated kidney disease program.

15 I suspect that this is the largest bloc of money
16 we will be dealing with, \$2,645,305.

17 California has always been a vigorous innovative
18 program. I think what they are doing here continues that
19 tradition and I recommend that this be fully funded.

20 MRS. SILSBEE: Mrs. Morgan.

21 MRS. MORGAN: I think here again there is some-- whe-
22 ther they have complete technical review processes going, I
23 think they need to be reminded of that. And, of course, the
24 kidney components. And is there still not the quality
25 assurance that EMS has been approved by--

1 MR. RUSSELL: The situation here, Mrs. Morgan, is
2 that the Regional Advisory Group has allocated specific amounts
3 of money to go in each of the various program elements.

4 The technical reviews will be conducted, reviews
5 will be conducted the first part of December.

6 We have assurance, we have a list of the consultants
7 they are using from out of state. They are all recognized con-
8 sultants in their respective fields.

9 We built this recommendation in to make sure that
10 they did follow, which we think they will.

11 We would like to just clarify the recommendation say-
12 ing that the CCRMP not fund those activities until they have
13 gone through a complete review process.

14 We did not mean to imply RMPS should withhold any
15 money for those.

16 MRS. MORGAN: Right.

17 MR. RUSSELL: Yes, sir.

18 DR. SCHREINER: I listened to a presentation from a
19 young lady from there who was spending this year I think she
20 said something like \$180,000 on quality investigation for
21 the kidney program. She said it was funded partially by RMP.
22 And she said the statement in public, that they had received
23 assurances that as of July, this would be taken over by the
24 state health office.

25 I notice this is in here for continuation. I think

1 this brings up an interesting question as to whether some of
2 these programs we may not actually be deterring the takeover
3 if they have already made these contract arrangements, and do
4 we want to do that? I don't know. I don't know that out in
5 a perjorative way -- but I wonder if we are deterring some
6 of the takeovers?

7 MRS. MORGAN: This coming July they were going to
8 take it over as of when this program would be ended.

9 DR. SCHREINER: Yes. Because, after all, the
10 California Medical spent \$85 million on kidney disease and
11 they obviously have a stake in quality assurance on the
12 basis of that kind of expenditure. They, according to her,
13 were quite prepared to take over their efforts. The question
14 is do we want to delay that by giving them another six months
15 of RMP money?

16 MR. RUSSELL: Is this project listed as 145?

17 DR. SCHREINER: I don't know. I listened to her
18 presentation at the National Kidney Foundation meeting and she
19 made the statement they had received RMP money, was very
20 successful, and the State Health Department was going to take
21 it over.

22 I asked the specific question, what are you going to
23 do after the phasing out of business. She said, "No way."
24 She said, "We are going to continue on."

25 I was wondering if it is the same project?

1 DR. PAHL: Dr. Schreiner, I think we have certainly
2 seen that in the phaseout, we have asked regions to give us
3 commitments from other organizations, state or nongovernmental,
4 for continuation of the projects. And many of the regions
5 gave us very fine statements which represented true commitments,
6 and then when the program started up, I am sure we could find in
7 a number of regions where we are continuing the project.

8 I don't believe there is anything basically wrong
9 with that, because there is still the overriding policy that
10 we provide funds up to a certain point in its development
11 and then turn on over, and I think the regions are doing that.
12 That was the emergency measure. So I don't think we should
13 hold them to what was an emergency situation as long as we
14 have the standard policy.

15 MRS. SADIN: In three years they would be over, say
16 they were approved running for three years.

17 DR. SCHREINER: This is just the past year, quality
18 assurance program, going in actually putting on computer
19 the coded records of patients and doing cost control, running
20 through the whole thing. It is a very detailed program.

21 MRS. MORGAN: I think as long as you give RMP credit
22 for having funded them, it is in our favor.

23 MRS. SILSBEE: Also staff can follow up to see what
24 happened to that and investigate whether--

25 DR. FOYE: Who is the residing deputy director?

1 MR. RUSSELL: Dr. Jack Mitchell.

2 MRS. SADIN: We will know next week, this week or
3 next week how the negotiations are coming.

4 DR. FOYE: I see.

5 MRS. MORGAN: Did you move?

6 MR. OGDEN: I will move the approval.

7 MRS. MARS: Second.

8 MRS. SILSBEE: The motion has been made that the
9 California RMP application be funded as requested at
10 \$2,645,305, with the following proviso, that the kidney appli-
11 cations be reviewed and funded in accordance with the Social
12 Security regulations; that the CCRMP withhold funding of those
13 activities pending a full technical review; and that advice
14 be given to the region that the central staff needs augmenta-
15 tion, and that good management is a must.

16 Is there any further discussion?

17 MRS. MARS: Question.

18 MRS. SILSBEE: All in favor?

19 (Chorus of "ayes.")

20 MRS. SILSBEE: Opposed?

21 (No response.)

22 MRS. SILSBEE: The California application is approved.

23 Would someone call Mr. Hiroto in?

24 (At this point Mr. Hiroto returned to the room.)

25 MRS. SILSBEE: Mountain States is the next one.

1 MR. RUSSELL: The Mountain States Regional Medical
2 Program is one that most of you will remember covers parts of
3 Idaho, Nevada, Montana, and Wyoming.

4 This program is one of the programs that while re-
5 sponding to the phaseout instructions, continued very optimis-
6 tically and retained most of its staff.

7 There are positions in each state for directors;
8 two of these directors have resigned since phaseout, one in
9 Nevada, one in Idaho.

10 It is anticipated that the Nevada director might be
11 replaced by a nonphysician, depending upon the results of this
12 application, and the length that RMP's may stay alive, this
13 will influence the ability to recruit a physician for the State
14 of Idaho.

15 This program really doesn't come alive on paper
16 very well and even staff had some concerns until we did make
17 an EMS visit to the Mountain States down at the local level,
18 and we were impressed with the amounts of activity and re-
19 sults of that activity of the program staff in these various
20 states.

21 The one concern that we have now has also been
22 reflected by the regional health director, I believe this is
23 one in Denver, over the lack of minorities involved on pro-
24 gram staff and in project activities.

25 This was a concern of Council's during the last

1 review, and this should be noted.

2 This is one of the RMP's that we will be going back
3 to to take a closer look at the review process. We never
4 really got that clarified.

5 One of the problems here, as noted in the review
6 of some of the programs yesterday, is the turf territory
7 problem.

8 We have indications that Mountain States has attempted
9 to make effective the document with the long title where
10 everybody gets together--

11 MR. POSTA: Interregional?

12 MR. RUSSELL: Interregional, but have not been
13 effective in getting one of the other programs to respond.

14 MRS. SILSBEE: Mrs. Morgan.

15 MRS. MORGAN: I believe, I move that we fund them
16 as requested, \$470,652, with the fact there will be RMP site
17 visit to review their review; and also really these I think
18 Mountain States tried to coordinate with Inter-Mountain
19 and the rest of them and commend them to continue to put an
20 interrelationship between them.

21 Because I believe this has been the region that has
22 attempted to keep it ongoing and they have had trouble from
23 some of the other regions.

24 MRS. SILSBEE: Did you also want to put that in about
25 the minorities?

1 MRS. MORGAN: Yes. I lived in Idaho for many years.
2 You have got the Indians. You don't have any other minorities
3 in but you do have the Indian group there.

4 MR. RUSSELL: That is part of staff's recommenda-
5 tion.

6 MRS. MORGAN: Right.

7 MRS. SILSBEE: Is there a second?

8 MRS. MARS: Second.

9 DR. WATKINS: Second.

10 MRS. SILSBEE: Any discussion?

11 All in favor?

12 (Chorus of "ayes.")

13 MRS. SILSBEE: Opposed?

14 (No response.)

15 MRS. SILSBEE: The Mountain States application
16 is approved as requested.

17 Oregon.

18 MR. RUSSELL: The Oregon Regional Medical Program
19 is in our opinion probably one of the strongest we have had
20 the pleasure to work with.

21 The coordinator continues to provide outstanding
22 leadership. The Regional Advisory Board has remained intact,
23 extremely active. Although the program took phase-out
24 extremely seriously, it was down to really about three staff
25 members at one time. When the good news came, they responded,

1 have hired back, restored their staff with experienced staff
2 members, and it continues to function extremely effectively.

3 MRS. MORGAN: It is a very short presentation as
4 far as the green, but if you read through the program, they
5 have been very, very active and it is amazing they are clear
6 back up to the strength they were in-- as a matter of fact,
7 over what they were professionally a year ago, 12/72.

8 And I move that we fully fund the Oregon program with no
9 restrictions at all.

10 DR. WATKINS: Second.

11 MRS. SILSBEE: Kidney? Is there kidney in it?

12 MRS. MORGAN: They do have a renal disease program.
13 We probably should flag that.

14 MR. RUSSELL: We did not point this out, it
15 appears to be purely planning.

16 We thought since all regional medical programs will
17 be given the interim regulations, that this would cover that.
18 But we will call it to their attention.

19 DR. WATKINS: If we are going to strengthen the
20 CHP's, perhaps we should ask them to submit their information,
21 to submit from CHP and not telephone call.

22 I think from all I have looked over, we found a rub-
23 ber stamp thinking in the CHP.

24 If we want to spoof it up, we might ask for this all
25 the time.

1 MR. RUSSELL: Dr. Reinclapper, coordinator, offered
2 to submit this last week. I said I didn't think it was
3 necessary. I take the full blame for this. But the fact
4 they do have a standing committee, CHP, as part of the
5 Regional Advisory Board, this is just the continuing evidence
6 of the involvement of CHP.

7 Some of the activities you will notice are with
8 CHP's.

9 DR. WATKINS: Before the vote, the group purchasing
10 program of \$10,000 seems to have the same priority as the
11 cancer program of \$10,000.

12 How did you see the group purchasing program?

13 MR. RUSSELL: Well, in trying to relate this to the
14 cancer program, the \$10,000 for the cancer activity is to
15 support the other activities which have been approved by the
16 National Cancer Institute.

17 So I don't really, you know, see any problems.

18 DR. WATKINS: Okay. Thanks.

19 MRS. SILSBEE: The motion has been made and second-
20 ed.

21 DR. WATKINS: It was seconded.

22 Mrs. Silsbee; That the Oregon Regional Medical
23 Program application be approved at the requested amount of
24 \$289,560.

25 Is there any further discussion?

1 All in favor?

2 (Chorus of "ayes.")

3 MRS. SILSBEE: Opposed?

4 (No response.)

5 MRS. SILSBEE: Motion is carried.

6 Washington-Alaska and Mr. Ogden will leave.

7 (At this point, Mr. Ogden withdrew from the room.)

8 MR. RUSSELL: Here, again, the Washington-Alaska
9 program is another program which has continued to be
10 extremely strong during the phase-out period.

11 Please ignore the yellow sheet figures on personnel.
12 We had them up to 75 support staff. That was wrong; it should
13 have been 25.

14 As indicated on the green sheet, the Washington-
15 Alaska program staff was reduced. It is now back up to 88
16 percent, where it was before phaseout.

17 During phaseout the Washington-Alaska program
18 continued to work with the community groups, monitor their
19 programs, and this is one of the regions where the Regional
20 Advisory Board insisted that it be deeply involved in the
21 management and monitoring of the program through the phaseout
22 period.

23 The program has continued to respond to advice
24 given from the last Council review and staff has no problems
25 with this application. But Council may have some.

1 MRS. SILSBEE: Mrs. Mers.

2 MRS. MARS: I didn't actually -- they have site
3 visits on there, I didn't site visit the RMP. What I site
4 visited was the Hutchinson Cancer Center.

5 But at the time I had a great deal of contact, of
6 course, with the program, because they were very heavily
7 involved in the establishment of this Cancer Hospital Center.
8 And I got to know Dr. Sparkman very well during those few
9 days since we were together practically 24 hours a day, and
10 we were snowed in also, so that was--

11 (Laughter)

12 So I think it is the only time in years that it
13 snowed in Seattle, but it certainly did snow.

14 He, as you all know, is an exceptionally fine and
15 intelligent, and I suppose one of the most progressive coor-
16 dinators that we have in the country. It has taken a great
17 deal of imagination and ability to steer this program, par-
18 ticularly when he is being involved with Alaska and has had so
19 much territory to cover geographically. So with all different
20 types of people, ethnic groups ranging from the Indians to the
21 Eskimos, and I think that he has just done a remarkable job.
22 He certainly, from what I read in all my reviews,
23 proceeded with the most orderly phaseout that I have seen in
24 any of these programs that I have to do with, and he has
25 developed a concept of functional program activities, I believe

1 it is here on this green sheet, to give the staff a vehicle
2 to catalyze activities that could be productively completed
3 by December 31st, 1973.

4 The program is just a great one and I certainly
5 recommend the acceptance of the funding for it at its full
6 requested amount.

7 MRS. MORGAN: Are they doing anything with kidney
8 disease? It doesn't say on the green sheet, but they have
9 several operational projects that could be included in this.

10 MRS. MARS: They have in Seattle, they have-- I
11 don't know just how much the RMP is connected with it. They
12 have a remarkable dialysis, home dialysis program of teaching
13 for home dialysis, and it is quite a setup. In fact, I think
14 people come from all over to learn home dialysis there if I
15 remember correctly.

16 I am not too sure what else they carry on in their
17 kidney program.

18 MR. RUSSELL: I don't know but they have been deeply
19 involved in the kidney program.

20 MRS. MARS: In this home dialysis teaching program
21 I know that is true.

22 MRS. SILSBEE: This is one of the regions that
23 Council took a look at about twice before they approved their
24 overall kidney plan and it was funded for awhile.

25 MRS. MARS: Yes.

1 MRS. SILSBEE: Dr. Watkins, did you have a comment
2 you would like to make?

3 DR. WATKINS: No, I endorse this. It is a beauti-
4 ful program.

5 MRS. SILSBEE: Would someone make a motion?

6 DR. SCHREINER: Mrs. Mars made a motion.

7 DR. WATKINS: I will second it.

8 MRS. SILSBEE: The motion has been made and seconded
9 that Washington-Alaska RMP application should be approved at
10 the requested level of \$545,473.

11 Any discussion?

12 All in favor?

13 (Chorus of "ayes.")

14 MRS. SILSBEE: Opposed?

15 (No response.)

16 MRS. SILSBEE: The motion is carried.

17 Would someone please ask Mr. Ogden to come in.

18 (At this point, Mr. Ogden returned to the room.)

19 MRS. SILSBEE: Now, that finishes the Western
20 Operations.

21 Now we can move to the East.

22 MR. NASH: With the Orange book.

23 MRS. SILSBEE: With the orange book, and Mr. Frank
24 Nash is the Eastern Operations Division Chief.

25 MR. NASH: We have 18 left in the Eastern Branch to

1 discuss. I think we will just take them in alphabetical order;
2 as they appear in the book, the first being Albany.

315 836

3 This is a request for \$325,836.

4 Dr. Girard Craft replaced Dr. Woolsey in this
5 region as coordinator.

6 The region was site visited in August 1972. Mr.
7 Ogden participated in that site visit. Went to Council in
8 October 1972.

9 The program was approved for three years, including
10 the developmental components, and reviewers were pleased with
11 the maturity and "pain" by the region at that particular
12 time.

13 Staffing has decreased in this region from 40 to
14 11 positions. However, all 11 are very competent people and
15 we feel they are certainly capable of carrying on this
16 program.

17 The RAG has 40 members. It has remained very active
18 and interested in the program, at times in the past year. The
19 committee has also remained very active in participating in
20 the program.

21 As far as this proposal is concerned, all the acti-
22 vities fall within the option areas.

23 There is a kidney project in here which probably
24 will have to have approval. This particular region sent
25 their application to the regional director in the HEW Regional

1 Office, and we received a phone call from the region saying
2 that they approved and endorsed this program.

3 The review process originally was given conditional
4 approval. The region responded to the conditions; RMP did
5 not follow up, did not phase out. Staff has no concerns about
6 this and recommended approval.

7 MRS. SILSBEE: Mr. Ogden.

8 MR. OGDEN: I participated in the last site visit
9 that was done in August 1972. I was very impressed at that
10 time with Dr. Craft, who was then the deputy, and is now the
11 coordinator of this program. He is a very ample administra-
12 tor, has a good touch with this region.

13 This RMP serves an enormous geographical area, in
14 Upper New York State, has good regional balance on the RAG,
15 and good attendance. People come substantial distances, over
16 substantial terrain to get down to these meetings.

17 The program when we saw it was well balanced. It
18 still is, even though it has been reduced, greatly, in form.

19 I think it appears to me to still have good touch
20 with the local needs in the various areas in which they are
21 working.

22 I would say the program looks to have the capability
23 for perhaps rehabilitation and continued progress, and I certain-
24 ly second Bland's recommendation this be funded fully.

25 MRS. MORGAN: Second.

1 MRS. SILSBEE: Dr. Watkins.

2 DR. WATKINS: Question again, I question CHP
3 relationship.

4 Did anyone discuss this CHP relationship?

5 MR. NASH: They sent this application for the estab-
6 lishment of assistance in establishment of the agency, did go
7 to the CHP agency in the state and also went to the CHPB
8 people in HEW Regional Office. One or both of those agencies
9 placed some conditions on this and these conditions are now
10 being addressed by all the parties concerned.

11 DR. WATKINS: You will follow up? Is this how it is
12 done?

13 MR. NASH: Yes. Right.

14 DR. WATKINS: I second the motion.

15 MRS. SILSBEE: The motion has been made and seconded
16 that the Albany application be approved at the requested level
17 of \$325,836, with the kidney condition.

18 Is there further discussion?

19 MR. MILLIKEN: Question.

20 MRS. SILSBEE: If not, all in favor say "aye."
21 (Chorus of "ayes.")

22 MRS. SILSBEE: Opposed?

23 (No response.)

24 MRS. SILSBEE: The motion is carried.

25 Frank, Dr. Schreiner stepped out for a moment. I

1 wonder if we could skip Central New York? And go to
2 Greater Delaware Valley.

3 MR. NASH: No, I believe the next is Connecticut.

4 MRS. SILSBEE: Excuse me.

5 MR. NASH: Connecticut's request is \$482,720.

6 Mr. Ed Morrissey went in as coordinator May 1973, and replaced,
7 of course, Dr. Clark.

8 This region has had triennial status, was never
9 approved for components. Had site visit just prior to
10 February 1973 Advisory Council. Due to the phaseout, however,
11 the findings and recommendations of Council at that time were
12 never transmitted to the region.

13 Council will recall many of the letters did not--
14 advice letters were not sent to the region after February
15 Council.

16 The Regional Advisory Group in this region remains
17 intact, and very active. They reviewed and approved the en-
18 tire application.

19 This region I think you will recall has an extensive
20 review and evaluation program and they are still quite active.

21 The application was sent to the CHPA and B agencies,
22 one B agency responded and their comments were discussed
23 and considered by the board. The other comments were not
24 received in time for RAG consideration.

25 This program continues to be primarily a supporting

1 community study, staff at Yale and University of Connecticut,
2 and university-based regional faculty at Yale and UCon.

3 There are some EMS, kidney, and state-wide health
4 manpower development activities and this particular applica-
5 tion, they had some activity in hypertension.

6 This region has always had a very small staff,
7 Eight professionals I think is the most they have ever had
8 at one time. They are down to five now; however, they're con-
9 sidered by staff to be adequate to carry out the activites
10 proposed.

11 We have no real concerns about this region and
12 recommend approval.

13 MRS. SILSBEE: Frank, it does have a kidney compo-
14 nent, doesn't it?

15 MR. NASH: Yes.

16 MRS. SILSBEE: Mr. Hiroto.

17 MR. HIROTO: Yes. As a member of the site visit
18 team, there were certain concerns that seemed very real to
19 the visitors and, as you indicated, these concerns other than
20 verbally were never given to the Connecticut Regional Medical
21 Program. However -- and still continues that a large per-
22 centage of the funding of RMPS money goes directly through
23 Yale and University of Connecticut.

24 Now, in as much as we are at the stage we are at,
25 I guess I recommend approval.

1 MRS. MARS: Its grantee is who?

2 MR. NASH: Yale.

3 MRS. SILSBEE: Yale.

4 MRS. MARS: Yale.

5 MRS. SILSBEE: The other aspect of that, you re-
6 member, the third faculty with the full-time chiefs of staff,
7 that part has been eliminated from the budget.

8 MRS. MARS: What percentage are they taking?

9 MRS. SILSBEE: The hospital support.

10 MR. HIROTO: I was glad to see that.

11 MRS. MARS: What percentage of their fee is--

12 MR. NASH: Indirect cost rate? It is high. I don't
13 have the figure in front of me.

14 Spencer, do you know what the indirect cost rate
15 is?

16 M. COLBURN: I am looking on the form 16 now.

17 MRS. MARS: \$75,000? \$70,000?

18 66 percent?

19 DR. SCHREINER: That is close.

20 M. COLBURN: Based on salary and wages, study
21 personnel --yes.

22 MRS. MARS: That just kills me. Absolutely.

23 MR. NASH: Of course, one of the things staff hopes
24 will happen in this particular region, since we for years
25 have been supporting these full-time chiefs, which certainly

1 should improve the quality of care in the hospital, but one
2 facet of their program was that these full-time chiefs were
3 also supposed to get out into the community and do some activi-
4 ties there. I would hope they will continue with that part
5 of their original proposal, but we can't be sure of that.

6 MRS. MARS: So far they haven't done it.

7 MR. NASH: Well, not very noticeably, no.

8 MRS. SILSBEE: Mr. Ogden.

9 MR. OGDEN: Well, I would just comment, the CRMP
10 has really, during its existencence, aimed to establish this
11 for purpose of improving--

12 MRS. SILSBEE: Could you speak up?

13 MR. OGDEN: Their application continues to stress
14 this structure at the university, make program development
15 assistance in local planning.

16 I think an area like Connecticut will develop their
17 health care system and pretty evenly distribute the system.

18 The way they have gone at this in the past seems
19 to have had the desired effect of producing advances in
20 assurance of quality of care and especially manpower coordina-
21 tion development.

22 You may recall in the past I have criticized Con-
23 necticut's program institutionally based personnel, but under
24 the current circumstances, this does appear to have produced
25 responsive, statewide structure and program in this

1 application.

2 I think it is resulting in a fair balance, and it
3 ought to be continued and fully funded.

4 MRS. MORGAN: Is that a motion?

5 MR. OGDEN: I will so move.

6 MRS. SILSBEE: Is there a second?

7 MRS. MORGAN: I will second it.

8 MRS. SILSBEE: The motion has been made and second-
9 ed that the application from Connecticut Regional Medical
10 Program be approved at the requested amount of \$482,720,
11 with the kidney condition.

12 Frank, is there any further condition?

13 MR. NASH: No, I think we, of course, want to
14 visit this region, certainly will take another look at their
15 process. Although they have an extensive review and evalua-
16 tion procedure there, when we made our initial review process
17 verification visit, we found there were some problems so far
18 as being in compliance with the RMPS standards for review and
19 verification and we, of course, will be following through on
20 that.

21 MRS. SILSBEE: Is there further discussion?

22 All in favor?

23 (Chorus of "ayes.")

24 MRS. SILSBEE: Opposed?

25 (No response.)

1 MRS. SILSBEE: The application is approved as re-
2 quested.

3 We will go back to Central New York now.

4 MR. NASH: All right. If you will back up one appli-
5 cation to Central New York, this is a request for \$200,686.

6 Mr. John Murphy continues as coordinator, with
7 Dr. Clark Case as the RAG chairman. He has been the RAG
8 chairman there for at least three years that I know of, and
9 certainly has been active and extremely interested and sup-
10 portive of this program, although the program does appear to
11 have a few problems.

12 This region was last reviewed by Council in October
13 1972. That review was preceded by a site visit in August.

14 Dr. Schreiner from Council participated in that.

15 There were some problems and Council recommended
16 a reduced funding level, \$889,000 versus the request of one
17 full million that had been submitted by the region.

18 The problems noted at that time were a need for larger
19 staff with additional competencies and a need to strengthen
20 planning and fiscal management.

21 We still find the same problems with this region
22 today in staff's opinion.

23 At the maximum, this region had a total staff of 22
24 people. They are now down to 9 people, 2 of whom were
25 part time. And we feel that there is a little concern about

1 staff because some of these 9 are recent graduates of the
2 Maxwell School in that area, two or three of them did
3 participate as interns with the Central New York Regional
4 Medical Program. However, this probably doesn't necessarily
5 give them the depth and background that a competent RMP
6 staff would be expected to have.

7 This particular proposal, I think we should describe
8 how it came about. They sent out 4,500 letters of solici-
9 tation to all the hospitals, physicians, nursing homes, and
10 other groups involved in the health care delivery system in
11 the region. From that mailing they received 40 project pro-
12 posals. These were given a technical review, review by the
13 Regional Advisory Group; 12 were approved and 6 were selected
14 to be included in this application. Those 6 do appear to fall
15 within the RMP options.

16 MRS. SILSBEE: Excuse me, staff--

17 MR. NASH: Staff did note one of their proposals,
18 pediatric hypertension activity which appears to be part of a
19 ten-year research effort, the Regional Medical Program is
20 asking to support this for the first one-half year. The rest
21 of the activity then will be picked up for 9-1/2 years by Eton
22 Laboratories. So the question, staff raised a little question
23 about that.

24 MRS. SILSBEE: What number is that, Frank?

25 MR. NASH: Jerry, what is the number?

1 MR. OGDEN: 47.

2 MR. GARDELL: 47.

3 MR. NASH: I think the red application is one other
4 thing. This region did submit as a part of their review com-
5 ments of all of their technical review committees and the RAG
6 and the executive board. So someone pointed out to me that
7 there is a little confusion about one of the comments on one
8 of the projects, CPR training activity. It appears that
9 we were recommending from here that this not be approved due
10 to some technical or technicalities, but that was not our
11 recommendation. This was a recommendation of one of their
12 own technical review committee people.

13 Apparently that particular person was overruled
14 and the RAG did approve the activity and it is part of this
15 application.

16 The review process for this region was given con-
17 ditional approval. The region responded to the conditions
18 that we had placed and we did not follow up due to phase out.

19 Staff concerns here, then, are the program manage-
20 ment and direction certainly appears to need strengthening.
21 The program staff, as I pointed out earlier, appears to lack
22 depth and experience. And we have some recommendations, but
23 I will save those until you people discuss it.

24 MRS. SILSBEE: Dr. Schreiner.

25 DR. SCHREINER: Yes, I was at the site visit there.

1 It is an interesting region, goes from Canada down
2 to Pennsylvania, and although in a rich eastern metropolitan
3 state by image, the density is actually lower than most of
4 our western states that we talk about being sparsely inhabi-
5 ted.

6 They do have a tremendous number of problems, in-
7 cludes one Indian reservation which is totally mishandled
8 because it apparently didn't sign a treaty with the United
9 States Bureau of Indian Affairs and is a state responsibility,
10 and it is really falling through the cracks. They had dental
11 equipment there that had never been unwrapped and all kinds
12 of wasted sorts of things that weren't very well coordinated.

13 One whole county, as I recall, without any doctors.

14 So they do have lots of problems, even though, as
15 I say, your image of the center part of Connecticut doesn't
16 carry those kinds of things in your thinking, but this fellow
17 Murphy is a very, very energetic, vivacious man and I was,
18 I will admit, a little prejudiced against this kind of wide
19 network of projects, what he calls mini projects; however,
20 it did result in some very, very innovative kinds of ideas being
21 brought into the widely cast net, one of which was a combined
22 well baby and venereal disease clinic, which I don't think
23 any doctor would have thought of.

24 (Laughter)

25 We recommended that he get some professional

1 assistance, although I felt he was sort of a spark and this
2 fellow who is chairman of the RAG is an excellent, remarkable
3 person, really, for the amount of time he devoted.

4 The morning I got there, he operated in the morning
5 and rose at five o'clock in the morning to get there. He
6 really knocks himself out.

7 He is an exceptionally well-trained man, trained
8 at Mass General as a matter of fact.

9 So I think that they are trying. I have a few
10 minor quibbles. I think their video tape projects on home
11 dialysis, they don't really have that good a home training
12 program that is worth video taping. They probably could buy
13 it commercially cheaper than to develop their own video tape
14 capability.

15 But they were working and their outline thing,
16 the things up in the north country I found particularly
17 exciting. I thought they were trying to get into a very
18 difficult area. So I would overall move for approval.

19 MR. NASH: Dr. Schreiner, I think you recall Dr.
20 Carl Hart, who was with the university part time and with
21 RMP part time, and his primary assignment over the past year
22 has been in what they call their thrust north, trying to
23 improve the medical care delivery system in the northern part
24 of the region.

25 I notice, I believe in the cover letter, that came

1 with this application that he is being pulled out of that area
2 and assigned to the southern area. That also has a lack of
3 health personnel. The reason being he has attracted or
4 recruited 35 out of a desired 45 physicians to practice in
5 the north country. I think this is remarkable.

6 DR. SCHREINER: Yes, he was a real shirt-sleeved
7 fellow, rolled them up and went out in his old car and really
8 moved around the field. He was a very impressive man.

9 MRS. SILSBEE: Dr. Foye, did you have anything to
10 add?

11 DR. FOYE: No. I would agree with staff's recom-
12 mendation.

13 MRS. MARS: Why can't this region, if it is such a
14 weak one, be divided up and put into, part of it into the
15 Lakes area, and so on, even into Maine? Wouldn't it be more
16 constructive to do that? Instead of leaving this as--

17 MRS. SILSBEE: Your geography is a little bit off.
18 (Laughter)

19 MRS. MARS: That is what I am wondering -- well,
20 Dr. Schreiner said -- I would like to see a map. Dr. Schreiner
21 said it comes from Maine on down to--

22 DR. SCHREINER: From Canada.

23 MRS. MARS: Must touch the Lake regions.

24 MR. NASH: It is up between Rochester and Albany
25 regions, covers 15 counties.

1 DR. SCHREINER: Goes up the Saint Lawrence River,
2 up in the Indian reservation. Many of the houses are on the
3 border and when the women get pregnant, they move in the back
4 of the house so they can go in the Canadian Health Service.

5 (Laughter)

6 MRS. MARS: Wonderful idea.

7 MR. NASH: I think the regional boundaries were
8 around the Medical Center in Syracuse, medical training
9 area involved.

10 I don't believe the people of Syracuse would really
11 prefer to be put in either Albany or Rochester.

12 MRS. SILSBEE: As an old New York Stater, the
13 boundaries of this region reflect regional plan that was
14 developed by the state, oh, must have been 25-30 years ago.

15 DR. SCHREINER: The only thing that might be split
16 off would be the Bradford-Susquehanna area in Pennsylvania.
17 But all the people we talked to from there relate to Syracuse.

18 MRS. SILSBEE: That is the Syra Clinic, I think they
19 call it.

20 DR. SCHREINER: Yes.

21 MRS. MARS: Yes, I see.

22 MRS. SILSBEE: Frank.

23 MR. NASH: Yes, staff has some recommendations.

24 One is the approval of the request and two, certainly the
25 transmittal of the concerns that have been expressed to the

1 region.

2 A little more, better concerted monitoring of this
3 program by RMPS staff, and the provision of technical assis-
4 tance when and where indicated.

5 We also recommend this be given a rather high priority
6 for management assessment visit.

7 MRS. SILSBEE: In the discussion of the RMPS staff,
8 the concern about the management of the program and, you know,
9 the 4,500 letters of intent, and so forth, and the fact that
10 this has been sort of a perennial problem, we were hoping
11 in addition to these recommendations here that perhaps Council
12 might consider asking for a report on how they are overcoming
13 some of these management deficiencies and that that might put
14 a little more muzzle into what staff has to do.

15 DR. FOYE: So recommend.

16 MRS. MORGAN: Second.

17 MRS. SILSBEE: The motion has been made and seconded
18 that the Southern New York application be approved at the
19 level requested, \$200,686, and that the concerns of the staff
20 and Council be transmitted to the region; and that there be
21 more concerted monitoring of the program by RMPS staff,
22 technical assistance, and the region be given priority to
23 PS assessment visit, and there be a report to Council on the
24 progresses made in solving some of these perennial management
25 problems.

1 Is there any discussion?

2 All in favor?

3 (Chorus of "ayes.")

4 MRS. SILSBEE: Opposed?

5 (No response.)

6 MRS. SILSBEE: Motion is carried.

7 MR. MILLIKEN: I am wondering if it is possible to
8 entertain a motion to keep going? Some of us have to leave for
9 the airports at two, two-thirty or three. I am wondering if
10 our rate of speed is going to --

11 MRS. SILSBEE: I am glad you brought that up,
12 Mr. Milliken.

13 MRS. MORGAN: There are a lot of them that have to
14 go.

15 MRS. SILSBEE: What are the plans? How do you want to
16 proceed here?

17 We can concentrate on those that we think need some
18 special action and we still have quite a few in, unfortunately,
19 the Eastern Operations, and we have one in the Mid-Continent
20 that we feel does need discussion. The rest of them in a way
21 we feel could be handled rather quickly.

22 MR. NASH: Actually I have three left in the Eastern
23 Branch that staff expressed some concerns about, and perhaps
24 Council would want to have some discussion on. The rest of them
25 staff feels pretty well satisfied with the application, view

1 those in the books; we did recommend approval of them.

2 Mrs. Morgan.:

3 MRS. MORGAN: I move we go through the three that
4 Mr. Nash has a problem with as a group of three, and the
5 rest of them that he has no questions with, that we take
6 them en bloc.

7 MRS. MARS: You can't do problem areas with a group
8 of three.

9 MRS. MORGAN: I mean this group of three that he
10 has a problem, that we go through, and then the rest of
11 them we go through as an entire -- if this is possible.

12 MRS. SILSBEE: How do the rest of you feel about
13 that?

14 MRS. MARS: Yes.

15 MR. HIROTO: Second.

16 MR. MILLIKEN: You have a seconder.

17 MRS. SILSBEE: Okay, motion has been made and
18 seconded, as far as the Eastern Operations Branch is concerned,
19 that there will be three -- do you want to identify those?

20 MR. NASH: The ones I have here are Greater Delaware
21 Valley, Maryland, and Puerto Rico.

22 MRS. SILSBEE: Not New York Metro?

23 MR. NASH: Excuse me, yes, New York Metro.

24 MRS. SILSBEE: Could we amend your motion to four?

25 MRS. MORGAN: Yes.

1 MRS. SILSBEE: And these be discussed and acted
2 upon by Council, and that the additional regions be looked at
3 in terms of bloc action.

4 Further discussion?

5 All in favor?

6 (Chorus of "ayes.")

7 MRS. SILSBEE: Opposed?

8 (No response.)

9 MRS. SILSBEE: Mr. Nash.

10 MR. NASH: Greater Delaware Valley.

11 Hurricane Agnes did a tremendous amount of damage
12 up there floodwise, but there is another reason that that is
13 known as flood territory also.

14 This is a request for \$591,332, which is the re-
15 mainder of this region's FY-74 allotment.

16 Dr. Dean Roberts, from Hanahan, is currently serving
17 as executive director. He replaced Dr. Ingraham, who replaced
18 Dr. Wolhman, who left in June.

19 The region was last site visited in December 1971.
20 Dr. Watkins, from Council, participated in that site visit.

21 It was reviewed by Council in February 1972.

22 At that time Council recommended denial of triennial status,
23 no developmental components, and reduced funding. Council
24 recommended two-year funding and site visit at the end of the
25 old full year.

1 Throw this in just to give you the idea that the
2 region hasn't always been what we would like to see it be.

3 The principal issues at that time were needed re-
4 finement of the regional planning operational objectives and
5 priorities, and two, that the policy and decision-making process
6 was cumbersome and in conflict with the spirit of RMP intent.

7 There was limited involvement of allied health pro-
8 fessions, and consumers. And further, that the policies on
9 continued support not be developed by the region.

10 The staffing in this particular region dropped from
11 a total of 49 to a current 35.

12 Historically this region has maintained a rather
13 complex structure consisting of the central core staff, five
14 subregional offices, and an RMP staff unit at each of the
15 five medical schools.

16 In the past this region has been slow to respond to
17 new initiatives. This appeared to be primarily the result
18 of the programs early involvement with continuing education
19 activities in the medical schools.

20 Now, in the past year the RAG has undergone rather
21 extensive reorganization which we certainly were glad to see.
22 This was needed in order to bring the program into compliance
23 with the RMPS policy statement on RAG grantee relationships.

24 This particular application was sent to CHP for re-
25 view, but comments were not received in time for consideration

1 by the RAG.

2 This particular proposal, the staff that reviewed
3 it, thought that it was a good application, one of the better
4 ones to come out of this particular region. However, the
5 complex organizational structure with the large staff compo-
6 nent leaves no funds for project type activities. So, there-
7 fore, this region at the direction of the Regional Advisory
8 Group, revised the current program along task force lines,
9 and these are all within the RMPS options.

10 The application does contain a kidney proposal,
11 which I am sure needs to be flagged.

12 One positive feature of this application is that the
13 staff supporting the medical schools are now assigned specific
14 responsibilities which we hope will be monitored by the manage-
15 ment of the program, so that we can see whether we are getting
16 anything out of the dollars that are going into those schools.

17 MRS. SILSBEE: Dr. Watkins.

18 DR. WATKINS: I noted you have a revised application,
19 that the money was revised downward.

20 MR. NASH: Yes, the initial application that came in
21 apparently during this change of coordinators up there that went
22 on through the summer, they misread some signals from here and
23 included in their initial request the remainder-- not remainder,
24 but the impounded -- it wasn't even impounded -- restricted
25 portion of the \$6.9 '73 dollars, so the application was over
.....

1 and above their remaining allotment for FY-74.

2 I think I should point out also that when they came
3 in for their first quarterly allotment, RMPS put a restriction
4 on \$100,000 of that. Because at that time they had task force
5 working to determine the organizational structure and the
6 direction of the program. So since they had no good plan for
7 a program, RPMS did restrict \$100,000, and they were asked,
8 when they decided what their program was going to be, what
9 their staffing and organizational structure was going to be,
10 they could apply to us for release of those funds.

11 So the release of those funds I believe is con-
12 tained in this request for the release is in this application.

13 MRS. SILSBEE: Put in the same blocks.

14 DR. WATKINS: I have a quick overview. That is,
15 the program at five medical schools certainly has some poten-
16 tial, but we discovered further that there was a situation
17 of the tail wagging the dog, and I think we have to monitor it
18 for several reasons: The fact that Dr. Dean Roberts is a new
19 executive, the fact that there was some -- I have to use the
20 word "suspicion" we might be assisting with the staffing,
21 meaning the salaries of the medical schools.

22 I was up there at the time of the secession of
23 Delaware, as you recall, and what I am saying is we may have to
24 cuddle it, monitor it, closely, including their bookkeeping,
25 to be sure they are distributing the money in the right way.

1 And also if we are going to continue or increase funding,
2 if a new grant is given, then it should be revisited or
3 visited by either staff or perhaps a member of the Council.

4 MR. NASH: Staff recommendation on this for this
5 particular region was to require periodic progress reports
6 for the medical school and subparagraph staff for measurement of
7 the degree of goal attainment.

8 DR. WATKINS: I move it be accepted.

9 MRS. SILSBEE: Is there a second?

10 DR. FOYE: Second.

11 MRS. SILSBEE: Motion has been made and seconded
12 that the Greater Delaware Valley application be approved at
13 the requested level of \$591,332, with the kidney condition and
14 the condition that written progress reports be submitted to
15 RMPS, indicating the progress that has been made by the atsk
16 forces and the utilization of the staff in the medical schools,
17 and that in the event that additional money is forthcoming, that
18 a Council site visit be held.

19 DR. WATKINS: Thank you.

20 MRS. SILSBEE: Is there any further discussion?

21 MRS. MARS: How long has this program been in opera-
22 tion?

23 MRS. SILSBEE: Practically --

24 MRS. MARS: From the beginning?

25 MRS. SILSBEE: Yes. It has had problems.

1 MRS. MARS: One was divided up in that area. I
2 can't--

3 MRS. SILSBEE: Delaware broke off.

4 MRS. MARS: Delaware broke off.

5 DR. WATKINS: First state to secede.

6 MRS. SILSBEE: It is a complex region. It has the
7 City of Philadelphia and covers quite a wide area of Pennsylv-
8 vania. And it has rural problems over into New Jersey--
9 and then the five medical schools have been a real problem.
10 They have tried to develop this, they have responded in various
11 ways. At one point they put a superstructure on top of all
12 of this thinking that would help and all that did was have
13 almost twice the staff that was needed.

14 Now, they have gotten rid of the superstructure and
15 in the view of the staff, looking at this particular applica-
16 tion, for the first time the money that is going in the medi-
17 cal schools at least has an objective to it and some way to
18 monitor it.

19 The question is whether one of the medical school
20 heads can manage the others, and that is the question.

21 DR. WATKINS: Dean is head of Hanahan. Can he manage
22 Templeton?

23 MRS. SILSBEE: Yes, that's right.

24 MRS. MARS: Is Delaware doing all right on its own?

25 MRS. SILSBEE: Delaware is out of the picture entirely.

1 They were phased out because we thought perhaps there
2 might be an application for this Council, but--

3 MRS. MARS: They were phased out entirely.

4 MR. NASH: Spencer, Dr. Roberts, didn't he go off
5 the Hanahan payroll and now is 100 percent time on the RMP
6 payroll?

7 So it is a matter whether the other medical schools
8 will consider him as still favoring Hanahan or not, or
9 whether he can serve as executive director impartially with
10 all five medical schools.

11 MRS. SILSBEE: Did we have a motion?

12 DR. WATKINS: Yes.

13 MRS. SILSBEE: The motion has been made and seconded.
14 Is there further discussion?

15 All in favor?

16 (Chorus of "ayes.")

17 MRS. SILSBEE: The application has been approved.

18 Maryland.

19 MR. NASH: Maryland is the next one we will consider.
20 This is a request for \$226,878.

21 Dr. Davins continues as coordinator of this program,
22 and, surprisingly enough, this is one of the regions in the
23 Eastern Branch that did have their review process certified,
24 although the region is known to have had some problems in the
25 past.

1 This program was last reviewed by Council I in Feb-
2 ruary 1973, which was preceded by a site visit. At that
3 time Council I recommended a reduced level of support, \$1 million
4 versus their request of \$1.29 million, and that this program
5 be considered on probation.

6 The key issues were the continued support of the
7 epidemiologic and statistical staff, which had a staff of 14
8 people, and these were carried for several years as part of
9 the program staff in Maryland. And also the absence-- apparent
10 absence of leadership by the Regional Advisory Group and the
11 fact that this program was almost totally Baltimore based.

12 I think in the past that this region has been
13 characterized as one which continually tried to anticipate
14 federal help initiatives and to move in that direction, rather
15 than assessed Maryland's health needs and trying to develop
16 a program to meet those needs.

17 This I think was evidenced by the program's prema-
18 ture and heavy involvement in HMO activity.

19 The staff has been reduced from a total of 26 down to
20 4-1/2 people. This is primarily brought about by the removal
21 of the-- and no further support of the 14 people on the EMS
22 staff which certainly was a move in the right direction, and
23 one that has been recommended by this Council I for two or three
24 years.

25 We feel that the present staff is probably adequate

1 to manage the program herein proposed. However, if additional
2 RMPS dollars are made available, then certain more staff would
3 be needed.

4 Now, the Regional Advisory Group, if you recall my
5 prior statement, there was concern by Council and by site
6 visitors that the RAG was not giving leadership to this pro-
7 gram.

8 Mr. George Hinkel, of our staff, recently visited
9 up there within the past two weeks and he documented the fact
10 that the RAG, technical review committees, are very active
11 in development of this particular application. As a matter
12 of fact, the Regional Advisory Group for the first time used
13 a priority evaluation form in its review process.

14 And another consideration was the fact that all of
15 the proposals which were presented to RAG were not approved.
16 They actually disapproved some projects. So that is a good
17 indication anyway.

18 Maryland, as far as their relationships with
19 CHPA and B agencies, seem to be excellent.

20 All the projects in this particular application
21 were reviewed by the agencies involved and the total applica-
22 tions reviewed by the agency and we have copies of their
23 letters on file.

24 This particular proposal contains requests for sup-
25 port of three projects and one staff activity. Three of the

1 four activities are strengthening of local planning -- under
2 strengthening of local planning option; other in kidney,
3 kidney thing will probably have to be flagged.

4 One project that they have which is a pediatric-
5 nurse-practitioner project, is a continuation of activity
6 they were carrying on last year.

7 The kidney activity, which is an organ procurement
8 and preservation project, was approved by this Council in its
9 meeting February 1973, and met the complete RMPS review re-
10 quirements prior to Council approval.

11 We are pleased to see, as I mentioned before, they
12 have taken their funds out of support of the EMS activities
13 and are no longer in the HMO business. The staff's primary
14 concern with this region is the lack of adequate staff to
15 plan, develop and monitor larger program as funds become
16 available.

17 MRS. SISBEE: Mr. Milliken.

18 MR. MILLIKEN: I have nothing to add.

19 I think the staff recommendations are adequate. I
20 move it be accepted.

21 MR. HIROTO: Second.

22 DR. WATKINS: Second.

23 MRS. SISBEE: The motion has been made and seconded
24 that the Maryland application be approved at the requested
25 level of \$226,878, with the kidney condition.

1 Any discussion?

2 MR. MILLIKEN: Question.

3 MRS. SILSBEE: All in favor?

4 (Chorus of "ayes.")

5 MRS. SILSBEE: Opposed?

6 (No response.)

7 MRS. SILSBEE: The application has been approved.

8 MR. NASH: New York Metro.

9 MRS. SILSBEE: Dr. Watkins.

10 (At this point, Dr. Watkins withdrew from the room.)

11 MRS. SILSBEE: The record will reflect he is out
12 of the room.

13 MR. NASH: This is request for \$458,584.

14 Dr. Aronson, who is a former deputy coordinator,
15 replaced Dr. I. J. Brightman, who resigned last December.

16 We have a little concern about the management of
17 this particular program due to health condition of Dr.
18 Aronson. He recently had a second heart attack and has been
19 out for sometime. However, we learned last Friday that he is
20 now back on board, at least on a half-time basis.

21 This particular region was last reviewed by Council
22 February 1973. That was preceded by site visit in December.

23 Council recommended at that time one-year funding
24 at about \$2 million level. The key issue then was primarily
25 administrative problems and their relationships between the

1 grantee and Regional Advisory Group, program director, pro-
2 gram staff. I think Council will recall that the former gran-
3 tee was the Association of Medical Schools of Greater New
4 York, and the key problem was the grantee was not willing to
5 turn over decision-making authority to the Regional Advisory
6 Group.

7 This has been changed. The New York Academy of
8 Medicine is the new grantee. The RAG remains active and there
9 has never been any question about the technical consulting panels
10 for this region. They are certainly considered excellent.

11 From the total staff of 24, as of last December, the
12 region's now down to 5 people. This certainly gives us some
13 concern.

14 This application requests support for four projects
15 and one staff activity, which all appear to be within the option
16 areas and all were previously approved by this Council in its
17 February 1973 meeting; due to phaseout, they were unable to
18 initiate any of these activities and are proposing to do so in
19 this application.

20 The proposals fall on three within the local plan-
21 ning: One in quality assurance, one in hypertension.

22 The Regional Advisory Group in considering these pro-
23 posals disapproved two projects and two staff activities. So
24 the four that we have plus the staff activity were all approved
25 by the RAG.

1 There is no request for kidney in this particular
2 application. However, some further support was provided to
3 the New York Regional Transplant Program out of the region-
4 al's first quarter allotment, so that probably should be
5 flagged.

6 I am not real sure whether they put that money in
7 the New York Blood Bank or not. Council may recall.

8 Council will recall there was a 9-10 application
9 involving Nassau/Suffolk, New York, New Jersey RMP. That
10 ran into quite a few problems here, fallen by the wayside.
11 I do know New Jersey has pulled out and is requesting
12 to support their own activities apart from Metro New York.

13 This application was sent to the proper CHP agencies
14 but comments were not received in time for Regional Advisory
15 Group consideration. Review process of this region has not
16 been certified.

17 Key staff concerns then are lack of adequate staff
18 to monitor-evaluate the program, particularly if more RMP
19 dollars are made available.

20 We have some concern about program direction in the
21 event of further setback of Dr. Aronson's health.

22 MRS. SILSBEE: Mrs. Morgan.

23 MRS. MORGAN: In going through this, this seems to
24 be the biggest problem, although Dr. Aaronson replaced a
25 gentleman which the Council at the time was very willing to

1 have replaced, or felt it wise he be replaced.

2 It is unfortunate that his health has failed him
3 in taking care of this program, whether he will be able to
4 maintain will be something we will have to see, but I recom-
5 mend we do fund the program but that we do highly recommend
6 that Dr. Aronson get very competent help to assist him in
7 performing this program, so that he does have good, strong
8 technical people onboard in case he should have to be relieved.

9 MRS. SILSBEE: Does anyone else have any comments?

10 This region is one that gives me problems because
11 of the staffing.

12 I think they have gone overboard on getting rid of
13 people.

14 MR. NASH: Dr. Brightman was an excellent recruiter
15 but his retention rate wasn't too good.

16 (Laughter)

17 MR. OGDEN: How long have you had the grantee?

18 MR. NASH: Since I believe it was, wasn't it,
19 Jerry?

20 MR. GARDELL: Yes.

21 MR. OGDEN: I think this has been a good deal. My re-
22 action to it is certainly to fund the thing. I agree with
23 Marie!, with the new grantee some of these things may improve,

24 There was a very tense situation there before,
25 this RMP, and I am sure Dr. Aronson has been one of the great

1 difficulties, disappointments of this Council.

2 MRS. SILSBEE: Actually I think the fact they
3 went ahead during the phaseout and proceeded to change the
4 grantee is an indication of strength in the RAG.

5 MR. OGDEN: Probably the most welcome sign we have had
6 for sometime.

7 (Laughter)

8 MRS. SILSBEE: Did you have--

9 MRS. MORGAN: In the form of a motion, we do fund
10 them with the recommendation that they look for strong
11 staff addition.

12 MRS. SILSBEE: Is there a second to that?

13 MR. OGDEN: I will second it.

14 MRS. SILSBEE: The recommendation has been made that
15 the region be approved at the requested level of \$458,584,
16 that there be kidney condition not on this application but
17 on the activities that are ongoing, and that the coordinator
18 be advised that Council make strong recommendations that he
19 get additional staff who are competent in the areas of program
20 concerned.

21 MRS. MORGAN: I think particularly, due to his health,
22 that this is our main concern.

23 DR. SCHREINER: Where is the transplant registry
24 based?

25 MRS. SILSBEE: The transplant registry?

1 MR. NASH: Jerry, do you know anything about this
2 transplant registry?

3 MRS. MORGN: It was in their first quarter.

4 MR. GARDELL: I thought it was at the New York place.
5 I thought they were the original recipient, that is Cornell--
6 next door to Cornell; it is not Cornell, it is independent.

7 DR. SCHREINER: It is going to be very interesting
8 a problem for Social Security. There are 17 transplant
9 programs in the New York area and four different typing tech-
10 niques.

11 MR. HIROTO: Seventeen.

12 (Laughter)

13 MRS. SILSBEE: Any further discussion about
14 New York Metro?

15 MR. OGDEN: Question.

16 MRS. SILSBEE: All in favor of the motion to approve
17 the application with the conditions listed say "aye."

18 (Chorus of "ayes.")

19 MRS. SILSBEE: Opposed?

20 (No response.)

21 MRS. SILSBEE: Motion is carried.

22 Could someone bring Dr. Watkins in, please.

23 (At this point Dr. Watkins reentered the room.)

24 MRS. SILSBEE: And Puerto Rico.

25 MR. NASH: Puerto Rico, yes. This is a request

1 for \$304,113, which is the remainder of their FY-74 allotment.
2 There has been a fairly recent change in coordinators of this
3 program. Dr. Rivera-Castano, who was former deputy, is now the
4 coordinator. Dr. Fernandez, who was the former coordinator,
5 is now part-time deputy coordinator. So they had a little
6 switch around there.

7 Dr. Fernandez apparently was barred by Dr. Negaglioni
8 to participate in some health services development projects
9 in the western part of the island.

10 This particular program was last reviewed by Council
11 in June of 1972, that review was not preceded by a site visit
12 but was made on the recommendation of staff anniversary
13 review panel's comments and comments from the review committee.

14 The recommendation at that time was for increased sup-
15 port for this region.

16 The review process of this region was not fully
17 certified. They were given conditional approval.

18 The region responded to the issues which were raised
19 with the team, but we did not follow up due to phaseout.

20 The staffing in this region, this is about the
21 third time around really for Puerto Rico. It seems every
22 time there is a black cloud on the federal funding picture,
23 the whole staff down there resigns.

24 (Laughter)

25 And we have had two or three of these. The latest

1 one being phase out, they were down to about two or three
2 people. Since that time they have boosted the staff back up
3 to a total of 21, or at least it will be 21 if this applica-
4 tion is approved and if they are able to recruit the people
5 they request.

6 In this region's request for the first quarterly
7 allotment of the FY-74 dollars -- this region, by the way,
8 just about went out of business in June and were sort of
9 resurrected at the last minute.

10 Anyway, their first quarterly allotment was
11 used primarily for staff to support three projects, in the
12 health manpower development. They budgeted part of their
13 fourth quarter allotment, in project evaluation. The region
14 stated they wanted to do some in-depth evaluations with previous-
15 ly funded activities.

16 The other one was in the health planning assis-
17 tance.

18 This particular application requests funds to add
19 more staff and to refund two previous projects, and add one
20 new one.

21 Staff sort of questions why they would have to go
22 back and resurrect two categorical projects for funding.

23 There has been a recent change in the chairman of
24 the Regional Advisory Group. There was no transmittal letter
25 with this application, no report from the Regional Advisory

1 Group.

2 Staff here suffers from a lack of current information
3 on this particular region. So we are not real sure what is
4 going on down there or what the status of the Regional
5 Advisory Group is at this time. And their participation in
6 the direction of the program.

7 Staff has some concerns, one is the potential for
8 fulfilling budget vacancies with qualified personnel.

9 We wonder about the intactness and degree of the
10 Regional Advisory Group involvement.

11 We question the need for reinstatement of two
12 previously supported categorical projects.

13 There needs to be some evaluation of Puerto Rico
14 RMP staff activities since July 1973.

15 DR. SCHREINER: What is the progress? In the green
16 sheet there is nothing in the BD&E columns.

17 MR. NASH: They are all under multi or other,
18 or under A.

19 DR. SCHREINER: I don't see any point in building
20 up staff if you have no program.

21 MRS. MARS: They haven't. That is the whole trouble.

22 MRS. SILSBEE: Mrs. Mars.

23 MRS. MARS: This is one of the weakest applications
24 I have ever read. I really don't see any future for the
25 program the way it is set up at the moment.

1 I have little to add to what Mr. Nash said. I think
2 he said it all for me, which is what I had in my own notes.

3 There is only one program on here really which seems
4 to me that if it could be implemented, it might be of help
5 and that is the number 18 project, which is "the integration
6 of health between the public and private health sectors has
7 been a continually expressed concern at all federal levels of
8 review."

9 If that could be implemented, that certainly
10 would be worth while.

11 Most of their programs are being partially supported,
12 being state supported in any event, and could certainly be car-
13 ried on by the State Health Department to say the least.

14 I really cannot recommend funding as far as for con-
15 tinuation of the program.

16 I think it should literally have adequate funds to
17 phase it out gracefully and then that is it.

18 I just can't see any future to it, without com-
19 plete reorganization and establishment of it.

20 I think Mr. Nash and I more or less would agree on
21 that, except perhaps he won't go as far as I have.

22 MR. NASH: In discussing this with other staff
23 that reviewed the application, I think there is consensus
24 that there is a lot about this region we don't know, and I
25 think before recommending complete phaseout of the program,

1 perhaps there should be a visit down there to really assess
2 what is going on and what potential is.

3 MRS. MARS: We have had quite a few visits, haven't
4 we, down there?

5 MR. NASH: I don't think we have had one down there
6 in the last two years really. There have been a couple of
7 fast visits.

8 MRS. MARS: Then we are the ones that are being
9 negligent.

10 MR. NASH: This is part of the problem, yes.

11 MRS. SILSBEE: That is true. As I recall, Puerto
12 Rico -- you know, before the phaseout, it was working on
13 its triennial application.

14 MRS. MARS: That's right.

15 MRS. SILSBEE: I think it was due and then there was
16 going to be a site visit.

17 MR. NASH: Then we got the phaseout.

18 MRS. SILSBEE: It phased out. The recommendation
19 was that it be phased out and then, as Frank mentioned, there
20 was a resurrection. And I had occasion to talk to Dr. Merrill,
21 who was the other reviewer, and he expressed the same feeling
22 of frustration that you do, Mrs. Mars; he said there wasn't
23 anything to the application.

24 MRS. MARS: No, there just isn't. So why is it so
25 worth saving? Why not start all over again?

1 I can't see the logic.

2 MRS. SILSBEE: Well, I think Mr. Nash is right, that
3 we do not have adequate information one way or the other.

4 MRS. MARS: But in the meantime, we are going to
5 give them a considerable amount of money to put down the
6 drain.

7 MRS. SILSBEE: I haven't heard a motion to that ef-
8 fect.

9 MR. NASH: One consideration might be, perhaps,
10 restricting some of these funds until a look-see could be taken
11 of the region. That is a possibility.

12 MRS. MARS: I would restrict all of them until such
13 a time.

14 (Laughter)

15 MRS. SILSBEE: I think this is a very difficult thing.

16 MRS. MARS: Give them enough for continued operation-
17 al expenses and I think a very, very imminent visit is indi-
18 cated.

19 MRS. SILSBEE: Does anyone else on the Council have
20 some suggestions?

21 DR. FOYE: I am inclined to agree with the sugges-
22 tion.

23 DR. SCHREINER: I don't think they understand what
24 it is all about.

25 I was down with the VA a year and a-half ago, and

1 we got to talking with one of the people, and they really
2 didn't understand the regional project.

3 MRS. MARS: Certainly from the application, they
4 don't.

5 DR. PAHL: I think that is an excellent suggestion,
6 if you wish to make a motion along those lines, restriction
7 and full Council visit.

8 We are as a staff I think partly responsible for
9 not having kept in closer touch, and that in turn has resulted
10 in phaseout and not the site visit with triennial application.

11 We have had a difficult time with them. It was our
12 intention to phase them out and, wisely or unwisely, they con-
13 vinced us that we were in error.

14 MRS. MARS: But no one bothered to go down to see.

15 DR. PAHL: Well, we didn't have the luxury. Like
16 a 24-hour decision, it was the close of fiscal '73 and we
17 had pressures from the Department and pressures from other
18 places, and rather than make what could be a gross error, which
19 it seemed to be on the surface, we proceeded to maintain the
20 viability which, by the way, was the instruction from the
21 Assistant Secretary of Health. So we were at least in
22 compliacne with the Department.

23 MRS. SILSBEE: But with no dollars for awhile.

24 DR. PAHL: With no dollars. Over the summer, it
25 was very complicated.

1 To sum it up, I think it would be a mistake to take
2 a terminal action without a visit, but I am not at all sure
3 we won't arrive at the same decision after. And perhaps the
4 best and kindest thing would be to start all over.

5 But it should be done on the basis of first-hand
6 information. And restriction of funds pending the outcome of
7 that visit I think would be a most appropriate action.

8 MRS. MARS: Very well, I will so move.

9 MRS. SILSBEE: Are you moving restriction of the
10 total amount?

11 MRS. MARS: Yes. Except for enough for continued
12 operational expense.

13 MRS. MORGAN: Would this depend on when a site visit
14 could be made? Says a site visit couldn't be made until
15 February. They really need something to operate through--

16 MRS. MARS: I said for operation, exclude funds
17 absolutely necessary for continued operational costs until
18 that time.

19 MR. MILLIKEN: Second.

20 MRS. SILSBEE: If I could paraphrase your motion
21 then, the motion has been made and seconded that the funding
22 for Puerto Rico Regional Medical Program as requested in the
23 application be restricted at an amount to be determined by
24 staff.

25 MRS. MARS: Right.

1 MRS. SILSBEE: That would enable the region, the
2 staff to keep in operation, but not expand the program.

3 MRS. MARS: Until such a time until--

4 MRS. SILSBEE: Until such time as a Council site
5 visit is made.

6 MRS. MARS: And staff definitely.

7 MRS. SILSBEE: Will you delegate to the site visit,
8 if they say everything is fine, to release more funds, or
9 if everything--

10 MRS. MARS: I think it should come before the
11 Council.

12 MR. OGDEN: Come back before the Council.

13 MRS. MARS: No, it must come before the Council.

14 MRS. MORGAN: It is scheduled pretty soon anyway.

15 MRS. SILSBEE: Report back to Council for further
16 action.

17 MRS. MORGAN: I second it. I second your statement
18 of her motion.

19 (Laughter)

20 MRS. SILSBEE: All in favor?

21 (Chorus of "ayes.")

22 MRS. SILSBEE: Opposed?

23 (No response.)

24 MRS. SILSBEE: Motion is carried.

25 MR. NASH: May I have just one other thing. It is

1 not a region, I won't go through the whole discussion on it,
2 but in addition to one death in the Eastern Operations Branch,
3 we had one divorce in the last year, that being Nassau/Suffolk.

4 You may recall this is a region that requested and
5 was approved to sort of merge and be funded, now, jointly
6 with the CHPB agency in Nassau/Suffolk area.

7 Recently they requested to be divorced, separated.
8 They moved into different quarters, that appears to be
9 operating satisfactorily.

10 I think there is one little problem as far as
11 fiscal financial management; people from the two groups now
12 appear not to want to talk to one another, but I think you
13 would be able to straighten that out, Jerry.

14 MR. GARDELL: Yes.

15 MR. NASH: Thank you.

16 MRS. SILSBEE: For the remainder of the regions in
17 the Eastern Operations Branch, I have looked through the staff
18 recommendations, and the staff has recommended that Lakes
19 area, Maine, Rochester, Susquehanna Valley, Pennsylvania, be
20 approved at the requested level.

21 DR. FOYE: So move.

22 MR. OGDEN: Could I ask if there are any comments
23 from those who reviewed those applications?

24 MRS. SILSBEE: Any comments from any of the reviewers?

25 MRS. MARS: The only thing that amused me in the

1 Lakes region, Dr. Ingalls apparently was optimistic that this
2 program was going to endure and he hired more staff instead
3 of decreasing it.

4 MRS. SILSBEE: It is the only one that went up over
5 the interim.

6 MRS. MARS: I think that was quite a point.

7 MRS. MORGAN: I so move, we accept it.

8 MR. OGDEN: Move they be approved.

9 MRS. SILSBEE: All in favor?

10 (Chorus of "ayes.")

11 MRS. SILSBEE: Opposed?

12 (No response.)

13 MRS. SILSBEE: Then of the remaining regions,
14 Metropolitan Washington, Nassau/Suffolk, New Jersey, Northern
15 New England, Virginia, West Virginia, they all have kidney
16 condition.

17 (Laughter)

18 MRS. MARS: In more ways than one.

19 MRS. SILSBEE: Otherwise staff recommends they be
20 approved as requested.

21 MRS. MORGAN: I move that these be approved as
22 requested, with the flag on the kidney condition.

23 MR. MILLIKEN: Second.

24 MRS. SILSBEE: All in favor?

25 (Chorus of "ayes.")

1 MRS. SILSBEE: Opposed?

2 (No response.)

3 MRS. SILSBEE: That is carried.

4 Now, we move to Mid-Continent, Mr. Posta.

5 Do you want to have a five-minute break?

6 MR. POSTA: Maybe they do need a kidney break.

7 MRS. SILSBEE: We only have one region that has been
8 identified by staff, but it may require considerable discus-
9 sion, so let's take a five-minute break.

10 (Whereupon, a short recess was taken.)

11 MRS. SILSBEE: Could we get started.

12 This is Mr. Posta, from the Mid-Continent Operations
13 Branch, and he has for your consideration Inter-Mountain.

14 Of the regions that are left for the Mid-Continent
15 Branch, staff had recommended that Arkansas and Oklahoma
16 be approved at the requested amounts.

17 In addition, the Bi-State, Iowa, Nebraska applica-
18 tions, staff is recommending approval at the requested amount
19 with the kidney proviso, and the pending full RAG review con-
20 dition, because in these instances it is evident that they
21 were doing the technical review and RAG was going to look at
22 it in December.

23 Then the New Mexico one had an HEW, after complying
24 with some regulations with regard to a public education thing,
25 it had kidney.

1 Missouri and North Dakota and Texas all had kidney
2 projects that had to be flagged. Otherwise the staff recom-
3 mends they be approved as requested.

4 If any of the Council members who reviewed these
5 have some questions about them or would like to have them
6 considered, please let us know.

7 DR. SCHREINER: I have a couple.

8 Arkansas has a terrific state-wide kidney program,
9 which was set up by Pat Flanagan, and they really moved out in-
10 to the boondocks and set up some installations.

11 I notice they have not had anything going in
12 hypertension.

13 MRS. MARS: That's right.

14 DR. SCHREINER: But they came up with one after the
15 phaseout. And I think the staff ought to take a look at
16 it.

17 For one thing, it seems to me that the geographical
18 planning that went into kidney could be used for the hyper-
19 tension units.

20 I hope they are not going to use this money to start
21 a whole different kind of network. It seems to me it could
22 be closely coordinated.

23 MR. POSTA: I would like to respond to that.

24 I think 34 percent of this particular application
25

1 from Arkansas is in the area of hypertension and they have
2 coordinated the planning that the HCHPB agencies that work in
3 harmony with the EMS proposal that is being funded through
4 Dr. van Hoek's shop, and they do have extremely good coopera-
5 tion with the A. B. and Experimental Health Delivery System
6 down there.

7 It is definitely a state-wide coordinated effort.

8 MRS. MARS: Is Flanagan still there?

9 MR. POSTA: Yes.

10 In the kidney, they did get legislation passed
11 during the funding of their particular program from RMPs.
12 They do not request any additional moneys for that particular
13 project coming up.

14 It is just about finished. They did get about
15 \$300,000 a year for the last three years from the state
16 legislature, to carry on the kidney activity.

17 We felt that was a real good program, good appli-
18 cation, good management.

19 MRS. MARS: They have a renal satellite program,
20 don't they?

21 MR. POSTA: Yes.

22 DR. SCHREINER: Yes. I was thinking it would be a
23 natural to hang their hypertension screening on those
24 units, because they are all around.

25 MR. POSTA: Good suggestion.

1 MRS. SILSBEE: Staff will follow through on that.
2 The suggestion they monitor-- it may indeed be in their plans,
3 but we certainly will check on that, and advise you at the
4 next Council meeting.

5 MR. OGDEN: I have a comment really concerning Kan-
6 sas.

7 It seemed to me that this application suffered from a
8 lack of cohesive quality, they scattered shot among all of
9 these identified areas they have had out there for along time
10 it seems to me, and while they have done something with
11 kidney, and hypertension screening, I really think that
12 somebody from the staff ought to get out there and encourage
13 a more cohesive program.

14 I wonder if they are just not doling some funds out
15 to the various regions that they have without being very
16 careful about what they are using them for.

17 MRS. SILSBEE: Would you like to put that in the
18 form of a motion?

19 MR. OGDEN: Whatever motion is made here on approval,
20 I would like to have that included in connection with Kansas.

21 MRS. SILSBEE: All right, that it would be funded in
22 the amount requested, but with the condition that staff --

23 MR. OGDEN: Staff.

24 MRS. SILSBEE: -- work on developing a more cohesive
25 program.

1 Any further discussion?

2 MR. HIROTO: Including those comments, I would like
3 to make a motion these be approved.

4 MRS. MARS: Second.

5 MRS. SILSBEE: Okay, the motion has been made and
6 seconded that the applications from Arkansas, Oklahoma, Bi-
7 State, Iowa, Nebraska, New Mexico, Missouri, North Dakota, and
8 Texas be approved with the recommendations and conditions that
9 have been noted before; and in addition, that in Arkansas,
10 staff will follow through on the coordination to see how the
11 hypertension screening program be coordinated with the kidney
12 program, and in Kansas follow through to help on developing a
13 more cohesive program.

14 Any further discussion?

15 MRS. MARS: Is there anything noteworthy happening in
16 Texas?

17 MRS. MORGAN: They have changed, lost Dr. McCall
18 there, their director. But Dave Ferguson, who has been his
19 deputy director for sometime, took over and I think even though
20 he is not an M.D., is a very capable, viable person that
21 can keep the cohesiveness that is necessary in the State of
22 Texas. They don't have a large amount and I am concerned
23 whether with that small amount, how much they can do in that
24 huge state. But I think what program they have is very good.

25 MR. POSTA: I might respond, Mrs. Mars, having

1 followed Texas closely for the last several years, that
2 this particular application gets services or RMP activities
3 involved in both urban and the rural areas, concentrating on
4 Mexicans, Indians and blacks. They propose to do more than
5 they have in the past years.

6 They do have a relatively small staff. However,
7 most of the activities proposed in the project area is going
8 to be administered through the contract mechanism.

9 MRS. MORGAN: And they did do away with their region-
10 al areas?

11 MR. POSTA: Subregional offices were closed when
12 they got their phaseout instructions.

13 That hurt them as far as outside assistance is
14 concerned additional moneys coming in from other sources
15 and so forth.

16 MRS. MARS: Thank you.

17 MRS. SILSBEE: Is there further discussion?
18 Further discussion of any of these applications?

19 All right, all in favor of the motion to approve
20 these with the conditions noted in the staff recommendations
21 and the additional comments made by Council.

22 (Chorus of "ayes.")

23 MRS. SILSBEE: Opposed?

24 (No response.)

25 MRS. SILSBEE: Now, that leaves one region and that

1 is Intermountain.

2 MR. POSTA: In your red books, in introducing a little
3 background about this region, I would like to say that there has
4 been quite a few comments by all of our RMPS staff concerning
5 this particular region. We have also got or have received
6 10, 12, 15 points from the HEW Regional Office in Denver.

7 As a result, we have invited Mr. Webster to attend
8 this particular session and to feel free to bring up any
9 questions once the Council members have made their proper
10 comments.

11 We would like to say that the Intermountain program
12 is requesting \$760,374 in this particular request. I mention
13 that money specifically because it is one of the highest
14 funded regions in the group of Mid-Continent regions.

15 Of that figure, about \$165,000 is earmarked for
16 indirect costs.

17 The present application calls for about 39.7 percent
18 of their award going for indirect costs. That sounds like an
19 awful lot of money, but believe it or not, a year ago that
20 rate on salaries and wages was 61.4.

21 I have heard from Dr. Ward Studdt, the coordinator,
22 who has been onboard since January of this past year, re-
23 placing Mr. Hanklin, that he will be coming in this week to
24 talk with Mr. Gardell and others concerning the possibility of
25 going to a private organization which, if that does take

1 place, will greatly reduce the indirect cost.

2 MRS. SILSBEE: You mean changing the grantee to
3 a nonprofit organization?

4 MR. POSTA: Yes. Yes, to a private, nonprofit
5 organization.

6 If that does take place, of course, that rate would
7 go down to about 23 percent.

8 For your information, staff has prepared in your
9 booklet the legal size sheets in white that totally break
10 down the total staff complement and all of the people working
11 on the various proposed activities, whether they are core
12 activities, program staff activities, or whether they are
13 projects.

14 One of the big questions that we have had in the
15 past concerning this region is the total number of people on
16 board. I think when the site visit took place last year,
17 Mrs. Mars was onboard, and I am sure that she will have some
18 comments about that. But they were concerned about the total
19 number of people onboard.

20 With the submission of this particular application,
21 we asked them to send us information so that we could tell
22 exactly how many of these folks were calling program staff
23 and how many were actually working on projects.

24 If you look at that particular breakdown, you will
25 see breakout of time for about 69 people, which includes

1 everybody on all of the projects proposed, and program staff
2 itself.

3 You will note that the coordinator, Dr. Studt, is
4 working 35 percent of his time on the program staff and he is
5 also involved in three or four other project activities.

6 When Pete gave you the breakdown yesterday, you
7 may have noticed that he, Dr. Studt, was part time. However,
8 when you add up his time for the four other projects, he was
9 onboard about 87 percent of the time.

10 If we add them all up and divide them by 100 per-
11 cent, we have about seven full-time professionals on this
12 particular staff.

13 MRS. SILSBEE: 70?

14 MR. POSTA: 70.

15 MRS. MARS: 70.

16 MR. POSTA: If you add all of the percentages together.
17 That is professional.

18 Of course, they have a like number of clerical staff,
19 too.

20 Needless to say, with another big concern in con-
21 junction with the indirect costs with reference to the total
22 staff, most of the money happens to be funded to the univer-
23 sity. And we had hoped that this particular region would
24 get more activities funded outside of the region to the extent
25 that the dollars would be going to the other institutions

1 outside of Salt Lake. However, as you look at the applica-
2 tion and indirect costs involved, most of the money is going
3 into the university, and the services emanate from there in
4 the surrounding three or four states.

5 We can't say that services aren't being rendered to
6 those four other states, because I think of all of the turf
7 problems that we have and certainly Mid-Continent seems to
8 have their share of them; this particular region has been
9 getting or has had more complaints, let's put it that way.

10 We are concerned that Mid-States in particular,
11 Colorado, Wyoming, programs be more intimately involved with
12 the particular activities suggested in this particular appli-
13 cation and also those requests that might come through for
14 the unexpended funds December 1st.

15 We are concerned about the total amount of dollars
16 earmarked for option A planning. We wonder if all the CHPA
17 agencies have been notified in the area, and whether or not
18 the mandate from the HEW Regional Office not to fund any
19 further B agencies has been considered.

20 We have not talked with the region regarding this.
21 However, I do think that it would be worthwhile to pursue this
22 in your conversation this morning.

23 They do have two kidney proposals, relatively small
24 in amount, and they will be receiving or alerted to the
25 interim regulations where the kidney disease is concerned.

1 With that as an introduction, I turn it open for
2 discussion.

3 Mrs. Mars, would you like to continue?

4 MRS. MARS: Well, when I was there on a site visit,
5 I believe it was about a year ago, isn't that right?

6 MR. POSTA: Just about.

7 MRS. MARS: They had so many problems we sort of
8 almost didn't know where to begin as to what to advise to do.

9 Of course, the coordinator, Mr. Hagland, who was
10 in charge at that point, was only in the capacity of acting.
11 And there was great discord between the university, which is
12 the grantee, and the RMP which seemed to be party lodged in
13 Mr. Hagland.

14 Mr. Hagland didn't seem to dislike the university,
15 but the university seemed to dislike Mr. Hagland very much.

16 I think possibly Mr. Hagland was trying to weaken
17 the university's control, shall we say, over the program, and
18 perhaps this was the basis of the dislike that was expressed
19 for him.

20 Since that time there seems to have been a better
21 relationship established.

22 The Dean of Medicine is on RAG and the university
23 is beginning to accept the decentralization concept of the RAG
24 responsibilities.

25 I believe a new president has come in since in the

1 university.

2 MRS. MORGAN: Gordon.

3 MRS. MAR: Yes. And this was part, the president
4 and his assistant were both extremely antagonistic to the
5 fact that RMP wished to express itself, and they did not wish
6 RAG to really have any part in the program.

7 From what I could discern in reading this applica-
8 tion, Dr. Studt is making an effort to follow the recommenda-
9 tions of the site visit team.

10 The RAG is certainly being more involved in greater
11 program participation and planning.

12 The supposed staff reduction is certainly one of my
13 worries likewise.

14 I counted them up yesterday with Mr. Posta. We
15 arrived at 69 people on here.

16 When we were out there at that time, frankly they
17 didn't know how many people they had. They literally didn't.

18 They had so many part-time and bits and pieces,
19 the program director was a woman who -- well, I don't
20 know how quite to express it; she was efficient, but she was
21 vacillated.

22 Is that your assessment, more or less?

23 MR. POSTA: Right.

24 MRS. MARS: And so I believe she has been eliminated.

25 MR. POSTA: I think so, yes.

1 MRS. MARS: Is that true?

2 Mary?

3 MRS. MURPHY: University.

4 MRS. MARS: Can't hear you.

5 MRS. MURPHY: She is in the university.

6 MR. OGDEN: She is vacillating to the university.

7 (Laughter)

8 MR. POSTA: She doesn't happen to be on this group
9 of 69 anyway.

10 MRS. MARS: No.

11 (Laughter)

12 I note that Mr. Hagland is still 100 percent time
13 as director of operational projects here.

14 So I am not sure whether that is good or bad. I
15 think it is a bit on the bad side, shall we say.

16 The turf problem, of course, is a very difficult
17 thing. Certainly there is a need for the Interagency Council
18 to be reestablished and I think that we should have an assur-
19 ance from the program that this is-- a very definite effort,
20 very serious effort is going to be made to reestablish the
21 rapport between the states, and that this Interagency Council
22 be activated.

23 Of course, it didn't matter while the competition
24 for money wasn't there during the phaseout period, but with
25 the money that is being funded, there must be development of

1 program, and we must have an assurance that there certainly
2 will be no duplication of programming.

3 I think this is very, very important.

4 This region is a peculiar region. It certainly
5 could be a region that could be designated as improving
6 grounds for really an organized effort to improve the quality
7 of life in rural America.

8 It is a paradox that the urban centers really have
9 some of the finest equipment in the western United States.
10 They have the manpower and they have the technology there.
11 And I think that RMP there has done a great deal to try
12 and identify these.

13 I think that one of RMP's efforts should be made
14 in trying to mix these.

15 Certainly they have too few health care profes-
16 sionals with possibly too little modern equipment in the
17 rural areas. It all seems to be concentrated in the urban
18 areas.

19 This is sad, really unfortunate.

20 We also were concerned at the time over the min-
21 ority representation on RAG. I believe that this is being
22 corrected. And from the application, I gather that it is be-
23 ing carefully monitored and that efforts are being made to
24 ensure proper representation.

25 The program was making an effort to take care of

1 the health needs of the migrant worker; certainly there
2 was some thrust in that direction.

3 The migrant workers are a very large percentage of
4 the population at certain times of the year, and there are
5 many, many problems connected with them, and the thrust was
6 being made towards that.

7 So there are some funded agencies in the area and some
8 unfunded. And that I think more or less concludes what I
9 have to say about it.

10 It certainly needs careful supervision. I would
11 like to see another site visit made there.

12 I would like to see more or less of a site visit made,
13 and as far as funds, I would fund it, yes, but under great
14 supervision, shall we say, with restrictions.

15 Thank you.

16 MRS. SILSBEE: Dr. Schreiner.

17 DR. SCHREINER: Yes. I find the programs, in view
18 of their resources, singularly unimaginative.

19 They have got one of the ten top transplant sur-
20 geons in the country, and virtually nothing in their programs
21 to reflect any interdigitation to this.

22 They have one of the three biggest artificial heart
23 programs, with Dr. Coles there, and nothing appears anywhere
24 in the project.

25 They have got the first artificial eye program, which

1 is spending about \$2 million a year, and they are running
2 all over Washington looking for money for that, and it
3 doesn't seem to have entered into the RMP at all.

4 I think \$10,000, you know, for a little informa-
5 tion gathering service is a pitiful unimaginative kidney
6 program for a place with that kind of resources. I think to
7 spend 33 percent, 37 percent on overhead and 33 percent on
8 planning out of a chunk of money of this sort -- it is an aw-
9 ful lot of paper work and very, very little reality of what
10 is actually going on in the place.

11 I would like to see the planning money chopped in
12 half or something like that as a gesture. Notice to them.

13 MRS. MARS: Another thing that worried me which I
14 forgot to mention is the fact they don't show any salaries
15 anywhere. You can't find out what they are paying anybody.

16 MR. POSTA: Well, to just respond, you are per-
17 fectly right, the master sheet did include salaries, but none
18 of the reviewers at the B level or regional office; that has
19 been an administrative complaint too.

20 In all sincerity -- I am not putting a finger on
21 them because the salary rates don't seem to be out of line.
22 It is that the way they submitted their applications, they
23 felt that was privileged communication between RMPS and the
24 region -- period. But you are exactly right.

25 MRS. SILSBEE: Mary, did you have anything to

1 say about this application or about the efforts of the
2 Intermountain program in the kidney area in the past?

3 MRS. MURPHY: Well, they came on with several
4 big proposals for kidney and I think we shot them down a few
5 times, so there may be more solutions to it.

6 As far as the salaries are concerned, apparently
7 they consider this confidential and just put it in the initial
8 application because I have requested many times that they
9 duplicate it, but they just refuse.

10 MR. POSTA: I do know, Dr. Schreiner, that BMPS,
11 a couple of years ago, has put quite a few dollars in contract
12 money to that program.

13 MRS. SILSBEE: Dr. Schreiner, I went on two site
14 visits, not this last one but two previous ones, and the
15 problem with the kidney program is the same as it is in some
16 other areas in Intermountain -- there were training projects,
17 there was another aspect of the kidney project, and two parts
18 of the university, would be two different departments, were
19 not coordinating.

20 A lot of this Intermountain Program seems to send
21 out a lot of activity to the local areas, but they are all in
22 each centrally from whatever division or department of the
23 university that is in charge of it.

24 MRS. MARS: Of course, I do think they are just
25 trying to serve too large an area. I really do.

1 MRS. SILSBEE: It isn't coordinated.

2 MRS. MARS: No, it just isn't a coordinated effort.

3 And I am not too sure that it can be.

4 MRS. SILSBEE: Mr. Webster, from the Denver
5 Regional Office.

6 MR. WEBSTER: I would like to start out with one
7 commendation for the Intermountain RMP, and that is the
8 fact that they have dropped or done away with their huge print-
9 ing plant.

10 (Laughter)

11 On past site visits, I think we looked rather askant
12 at this operation, doing work for the whole university as
13 well as its own operation.

14 I would very quickly like to thank Dr. Pahl for
15 the opportunity to be here. I don't get back to Washington
16 very often and it is good to see all of you people and the
17 staff as well, and it has been really an enjoyable experience.

18 But in being here today, I have to look at IRMP
19 both from the viewpoint of having been an RMPS staff member,
20 and I still am representing RMPS in the Regional Office,
21 even though unfortunately our communications with the RMP's
22 are not as strong as they were, because we do not have the
23 travel and support money. I mention this because I would
24 hope Dr. Pahl, when things get better -- which they will -- I
25 think we needed this type of RMPS Regional Office-RMP

1 relationship and this is the other reason I am here represent-
2 ing the Regional Health Administrator, because of the question
3 of how do RMP activities interface with those activities
4 which emanate from the Regional Office?

5 Some of the problems already have been mentioned
6 here quite clearly, we feel that possibly -- and we have put
7 this in the form of a question -- that there probably should
8 be more support to outside agencies and organizations to help
9 them do their thing, rather than doing things for them.

10 This has come up in this particular application in
11 regard to EMS, it has come in regard to the creation of addi-
12 tional localized planning groups, without having first
13 evidently consulted sufficiently with the people in those
14 states who have the direct charge for EMS, such as in the
15 State Health Department or the CHP agencies, which certainly
16 want -- need to be strengthened and we want to see strengthening
17 to them.

18 But by setting up additional units where there is
19 no hope, so we are told, of there being any additional B
20 agencies created and funded, that future CHP moneys will go
21 to the strengthening of existing agencies only. At least as
22 of the present moment. That perhaps we would hope that these
23 efforts and resources might be redirected in that direction.
24 And let go -- help the A agencies help give better coverage
25 to the states concerned.

1 Quite naturally, the Regional Health Administrator
2 has certain things he looks at that may be different from what
3 the RMP or RMPS does. For example, equal employment oppor-
4 tunity. We find it somewhat disappointing, and I seem to
5 come up with different figures even, but I guess there are
6 about 40 professional and technical personnel employed, more or
7 less.

8 I didn't have the table, so I didn't know just
9 what percentage. But of the 40, there is not evidently, from
10 their own application, a single minority member employed in a
11 professional or technical capacity.

12 I am sure that with proper searching, there must be
13 people of those backgrounds that have capabilities, and I would
14 hope that maybe a recommendation might be made that as the pro-
15 gram expands, that they consider hiring of these people.

16 It also is true that there are no female employed as
17 professional or technical people on the program staff. But
18 anyway let me just summarize by saying we would like to see
19 maybe a more broad cross-section representation on the staff
20 as well as on the RAG. I agree, I think the RAG representa-
21 tion as approved, we would like to see more support being
22 given to agencies and organizations in the health field.

23 The IRMP has a tremendous staff; sometimes we think
24 they may be a little too courageous in what they do. The amoeba
25 seems to be constantly changing in shape and size, and even in

1 this application it has raised the question we couldn't get
2 answered, where they evidently proposed putting in a poison
3 control satellite in Boise, Idaho. We are not even sure the
4 Mountain States RMP, which is headquartered in Boise, knows
5 about it.

6 I think we have raised some questions which we would
7 like to turn over to staff possibly, some may be answered
8 well but I think it would be well.

9 MR. POSTA: Thank you.

10 MRS. SILSBEE: Is there any further discussion of
11 Council?

12 MRS. MARS: The other thing, they will turn to their
13 green sheet here, the allocation of funds here. There is a
14 great deal of concentration as you will note of money under
15 A here. And, of course, much of this is in conjunction with
16 the A and B agencies. So the question is, of course, is this
17 lost money? How much of it is lost?

18 MRS. SILSBEE: For years Council and site visitors
19 have been recommending what Dan alluded to, to get out of
20 Salt Lake and to get out of the Salt Lake direction.

21 In other words, to let the communities decide what
22 it is they wanted to do.

23 MRS. MARS: Right.

24 MRS. SILSBEE: And then seek the help from Inter-
25 mountain.

1 This application is the first time that I have seen
2 that they were even thinking of developing advisory groups out
3 there. It is sort of late.

4 (Laughter)

5 But I think the fact that they are thinking in terms
6 of community planning is helpful as long as they don't have
7 to do it themselves. I mean, start from scratch.

8 If you recall, Dan, they used to have an excellent
9 staff member who had been a former League of Women Voters.

10 MR. WEBSTER: Yes.

11 MRS. SILSBEE: Staff. And she had the best
12 sense of this kind of community organization. But she did
13 not stay long with the program.

14 MR. WEBSTER: No. No.

15 MR. OGDEN: Could I ask, what is project number 64?
16 Regional coordinator for planning. I am trying to get at
17 Dr. Schreiner's comment, is number 37 Boise, Idaho, poison
18 control program?

19 MR. WEBSTER: I would like to take a little answer
20 on that.

21 There is one thing I thought from an RMPS viewpoint
22 was rather peculiar in this application, and that is in most
23 instances where they have an activity proposal, they have a
24 separate project proposal to administer the other project or
25 cluster of projects. And I think this gets back to the first

1 question you have asked.

2 So, forexample, the regional coordination for planning,
3 which I dont have the figure on, but I think it is a pretty
4 handsome figure, is a separate project to administer five suc-
5 cessive projects.

6 We wondered about this when we looked at it, why
7 that wasn't just built into those projects.

8 The same thing is true in the area of quality
9 assurance. They have a separate project for regional coordina-
10 tion of three separately funding projects and they have done
11 that even with kidney. They have in their activity project
12 of expansion of kidney network, they have a parallel project
13 funded in about or to be funded in about the same amount of
14 money to monitor or to operate it. And it seems to me they
15 should have been combined.

16 MRS. SILSBEE: Is number 37 the Boise project?

17 MR. WEBSTER: Number 37, yes, I think that is the
18 one.

19 MR. POSTA: B-3.

20 MR. WEBSTER: Yes. In the application they did not
21 specify locations, but in a meeting with one of the staff
22 members, just before coming here, we determined that one of
23 the two places -- this is under item 2, develop dialogue at
24 minimum of two communities in the region. We learned "dia-
25 logue" meant subsatellite centers.

1 While I don't know one of them where they are
2 proposing to put one of these satellite centers -- we even
3 possibly questioned whether there needed to be an additional
4 satellite -- was in Boise. That is why we raised the question
5 about Mountain States was aware of this, and had their con-
6 currence.

7 DR. SCHREINER: Is there any legal problem about
8 running conferences for state legislature?

9 MR. WEBSTER: Our own feeling on this was while the
10 IRMP might certainly give support to this type of activity,
11 I can't see any objection in that.

12 We felt it was more the logical function of the
13 state comprehensive health planning agency, because the con-
14 ferences would be on the basis of statewide and subregional
15 health needs.

16 MRS. SILSBEE: I think there is a problem, Dr.
17 Schreiner, particularly when Mountain States, which is respon-
18 sible, doesn't know that this kind of thing is going on.

19 MR. WEBSTER: I don't know.

20 MR. OGDEN: I don't think the Boise thing ought to
21 be approved.

22 I question this business of information assistance
23 to state legislature. I wonder about the business of the
24 regional coordinator for planning gets all the money involved
25 for planning.

1 It looke to me like the program is unbalanced and
2 a little incomprehensible. And I think we, as a Council,
3 have every right to simply decline it.

4 I don't know if you want to go that far. Certainly
5 pull parts of it out.

6 DR. SCHREINER: I would be willing to try a motion
7 to approve with deletion of the Boise project, legislative
8 project, and withhold 50 percent of the planning money, with
9 an encouragement that it be released by the staff if some of
10 these peripheral activities money can be put into programs.

11 MRS. MARS: I will second that motion.

12 MRS. SILSBY: Any discussion?

13 MR. HIROTO: May I raise a question or point? I think
14 it has some bearing on this?

15 I am reflecting on the five areas, categories,
16 of concern that would be acceptable for these applications,
17 and then upon the words of Dr. Margulies and Dr. Endicott
18 yesterday, then conversation that occurred at this table among
19 Council members relative to thrust of the program, of course
20 thrust of the project. And though the Council doesn't want
21 to get into the area of approving or disapproving specific
22 projects unless they are beyond the scope of the extent, I
23 wonder if the Council, if we were to make a general statement
24 that should any of the RMP's desire to redesign those accepted
25 dollar amounts into different projects, that fit the scope of

1 RMPS, this might not resolve some of these things.

2 I wonder if these were thrown in here quickly to
3 make certain that the dollar amount met the maximum due to the
4 region? And that there wasn't too much thought given to the
5 program itself or the project itself.

6 MR. POSTA: I think your point is well taken, sir.
7 That is one of the main reasons I think that we brought up this
8 particular region for discussion specifically as a branch, and
9 too I think everybody is in accord.

10 The recommendation that was suggested, not moved, if
11 you knock off two of the programs, it is about \$50,000.
12 I mean, the one on legislature and the one on Boise, on poison
13 control.

14 I wasn't exactly clear whether 50 percent reduction
15 of planning, total budget itself --

16 DR. SCHREINER: 150, whatever it is.

17 MR. POSTA: That would knock off \$145,000. So we
18 are talking about \$194,625 off the request of \$760,374.

19 MR. OGDEN: \$194,625, back.

20 MR. HIROTO: Out of all the projects, someone men-
21 tioned there was a particular project they would much rather
22 have funded here, but inasmuch as they have these constraints
23 upon which direction their projects could direct, they had
24 chosen one instead of another, or something of that nature.

25 DR. PAHL: We will be correcting that, hopefully, in

1 a manner in which I indicated this morning, and that is to get
2 out a written statement following its approval by Dr. Endicott's
3 office, to all regional medical programs. So that we will be
4 able to give that information uniformly to all regions.

5 I would like to make the observation I think at this
6 point in the discussion that our own staff and now here at
7 Council table we hear a rather lengthy catalogue of problems
8 of this region, and I would just call to your attention the
9 fact that in an application earlier today in Puerto Rico, we
10 had a similar cataloguing of problems, and an action was taken
11 which perhaps might be a precedent, to look at in terms of this
12 region. I don't know whether that is further than you want to
13 go.

14 But I dare say we have had some experience, at least
15 in my office, over the last few months, with Intermountain
16 face-to-face conversations with Dr. Studt and we have had some
17 rather lengthy convoluted discussions concerning the space
18 requirements of the program, and it always turns out we don't
19 quite understand what is going on.

20 We have a number of staff here who never seem to quite
21 have all the facts and figures at their fingertips and this is
22 the only reason we seem to have these difficult problems in
23 those regards.

24 I would dare say even though we rearrange a few
25 dollars or few projects in that particular application, that is

1 not going to go very far toward resolving the issue.

2 I do not know what it will take to resolve it,
3 but I do look to that Puerto Rico type of activity as
4 being one that may be appropriate.

5 We do have Council meetings scheduled, we do have
6 a staff that is rather knowledgeable on many of the issues;
7 but perhaps again a Council staff visit with a full report to
8 the Council and action at that time permitting them sufficient
9 funds to maintain their operation throughout this intervening
10 period might provide everyone a little bit better way to
11 approach.

12 I just suggest it because it does seem that there
13 are a number of issues which the specific actions that are
14 now being discussed, at least from my point of view in recent
15 discussions with the region, would not seem to materially
16 change.

17 MRS. MARS: I do think the university is handicapping
18 the region. I feel that it really should separate from it as
19 its grantee and form its own organization. I think that will
20 be one help, and possibly one solution.

21 And certainly from there on, why the RMP could go on
22 by itself and strengthen itself.

23 It certainly needs to move off of the university as
24 far as the staff headquarters go.

25 Of course, it was all separated, I believe -- Mrs.

1 Murphy, wasn't it, in four different spots when we were out
2 there at that point?

3 MRS. MURPHY: It is located in a temporary building.

4 MRS. MARS: But it is still with the university, so
5 to speak. And this is very necessary, that it is moved off of
6 the university grounds.

7 MR. MILLIKEN: I would like to amend the motion in
8 accordance with Dr. Pahl's suggestion.

9 MRS. SILSBEE: Would you restate your amendment?

10 MRS. MORGAN: Who made the motion?

11 DR. SCHREINER: I will accept the amendment.

12 MR. OGDEN: I think what you are saying is we with-
13 hold granting of these funds until there has been a thorough
14 review, bring back to Council sometime next meeting?

15 MRS. MARS: And be granted necessary operational
16 funds.

17 MRS. SILSBEE: So the motion is to restrict the
18 funds--

19 MR. OGDEN: Right.

20 MRS. SILSBEE: -- to Intermountain, with the exception
21 of operating funds to be determined by staff?

22 MRS. MORGAN: Yes.

23 MR. OGDEN: Yes. I have a comment here. I wonder
24 about, and I may be wrong, but it is my recollection that
25 neither Idaho nor Montana nor Nevada nor Wyoming -- I may be

1 wrong about Wyoming -- has a medical school.

2 MRS. MORGAN: No.

3 MR. OGDEN: The influence of the University of
4 Utah Medical School is an issue here. It isn't a turf problem.
5 Put it this way, there is a turf problem perhaps in our sense
6 between Colorado-Wyoming-Intermountain and--

7 MR. POSTA: Colorado-Wyoming.

8 MRS. SILSBEE: Mountain states.

9 MR. OGDEN: Mountain states. But there is another
10 turf problem that involves the influence of the University
11 of Utah Medical School and the WIND program, which is the
12 Washington-Montana-Idaho program. I think we are drifting
13 into an area here, we are getting an overtone of it in this
14 kind of thing with the University of Utah sponsoring a
15 poison control center in Boise, Idaho.

16 People are sending their medical school students
17 to University of Washington, putting them back in their local
18 communities, having some medical training.

19 I think there are things here that don't quite meet
20 the eye in this kind of application, and I think all these
21 things need to be assessed and considered and brought back to
22 the Council. So we will have a little better understanding
23 of all of the things involved in this.

24 It is a complicated picture.

25 MRS. MORGAN: Having lived in Utah for many years

1 myself, you realize how come you don't have any women on it.

2 (Laughter)

3 Because they don't believe in women working, that is
4 all there is to it.

5 MR. OGDEN: You might also say there are religious
6 overtones.

7 MRS. MORGAN: Very. Very.

8 MRS. MARS: Very much so, religious overtones.

9 MR. OGDEN: And this has to do with the fact there
10 are no minority employees perhaps.

11 MRS. MORGAN: Yes.

12 MR. OGDEN: These may be things on which it is dif-
13 ficult for us to comment, but I don't think they are things
14 we should ignore, nor do I think they are things we will ignore
15 and I want that statement put in the record: They are not things
16 we will ignore when this application comes back.

17 MRS. SILSBEE: Along that line, some of those con-
18 cerns you are mentioning and the ties are what made the original
19 group of the Council committee members team to go out and
20 see why they couldn't get together better. At least keeping
21 one another informed in communicating with one another would
22 help.

23 They can't, wouldn't say: Intermountain, you can't
24 operate over here because there were other things, but at
25 least you ought to keep the respective political programs

1 informed.

2 MR. OGDEN: One reason we are withholding this
3 thing, we might say, is to make sure they cleared it all of
4 the policy and procedures, or interfacing these various medi-
5 cal programs, regional medical programs. I don't think that
6 has been done, pretty obviously.

7 MR. MILLIKEN: Question.

8 MRS. MORGAN: I was going to volunteer to go out
9 there since I know about half the people on that staff.

10 MRS. SILSBEE: Mrs. Murphy.

11 MRS. MURPHY: I would like to add, they were working,
12 to o, putting minority and women on the staff. When the phaseout
13 came, a lot of those women left and I think it is just a
14 matter of getting bodies for the staff.

15 DR. SCHREINER: Question.

16 MRS. SILSBEE: The motion has been made and seconded
17 that the application for \$760,374 to Intermountain Regional
18 Medical Program -- I hate to use the term, but to be approved
19 with the large proportion of the funds being restricted, the
20 exact amount to be determined by staff and on the basis of
21 keeping the program operating at a certain level with no new
22 activities. And that a Council site visit will be made.
23 And to look into all of the problems that have been identified
24 in this discussion and to report back to Council before that
25 restriction is lifted.

1 Is that the sense?

2 MRS. MARS: That is it.

3 MRS. SILSBEE: Any further discussion?

4 MRS. MARS: Question.

5 MRS. SILSBEE: All in favor?

6 (Chorus of "ayes.")

7 MRS. SILSBEE: Opposed?

8 (No response.)

9 MR. MILLIKEN: Different subject. I move Council
10 commends the staff for an outstanding job on these materials.
11 They are made under trying conditions.

12 MR. HIROTO: Second.

13 MRS. MARS: Three cheers.

14 MRS. SILSBEE: I certainly, as Chairman of this
15 session, want to thank Council members for doing their homework
16 and reading under very, very trying circumstances. We appre-
17 ciate it.

18 DR. PAHL: We know that Dr. Schreiner is just itch-
19 ing to dash out the door, and please feel free to do so.

20 (Laughter)

21 But if I may take one more minute, Mr. Milliken
22 and Mrs. Silsbee just took two of my points, that is thanking
23 the Council for full and productive meeting and our own staff,
24 who, as you have already recognized, have worked really very
25 hard under trying conditions in preparation for and during

1 this meeting. And although Dr. Foye is absent, I would like
2 to recognize his participation and very helpful contribution,
3 and again I would like to note that this is the last meeting
4 of both Dr. Watkins and Mr. Milliken, although we do hope
5 we will be able to call upon their services again and recog-
6 nize their very valuable assistance during the entire period
7 of their tenure.

8 And lastly, but really not again least, there
9 have been a few people who have helped with the preparation
10 of this meeting and I would like to identify again Mrs.
11 Handal and ~~Mrs.~~ Miller, and Mr. Ken Baum, who had the right
12 materials at the right places, and the only comment I would
13 like, Ken, is next time we need more Kosher corned beef and
14 not so much turkey right after Thanksgiving.

15 (Laughter)

16 Meeting stands adjourned.

17 (Whereupon, at 1:45 o'clock, p.m., the meeting
18 was concluded.)
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