



E000487

NOTE.—DO NOT USE THIS ROUTE SLIP TO
SHOW FORMAL CLEARANCES OR APPROVALS

DATE

12/10/74

TO:

AGENCY BLDG. ROOM

Mr. Gardell
Rm. 11-07

- APPROVAL REVIEW PER CONVERSATION
 SIGNATURE NOTE AND SEE ME AS REQUESTED
 COMMENT NOTE AND RETURN NECESSARY ACTION
 FOR YOUR INFORMATION
 PREPARE REPLY FOR SIGNATURE OF _____

REMARKS:

(Fold here for return)

To

From

PHONE

BUILDING

ROOM

31916

Matt Spear

1542



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

BUREAU OF HEALTH RESOURCES DEVELOPMENT

December 9, 1974

TO COORDINATORS OF 29 REGIONAL MEDICAL PROGRAMS WITH FUNDED ARTHRITIS PROGRAMS; PILOT ARTHRITIS PROJECT DIRECTORS; AD HOC ARTHRITIS REVIEW COMMITTEE MEMBERS; AND REGIONAL HEALTH ADMINISTRATORS (for information, only).

SUBJECT: Announcement of a Conference on RMP Pilot Arthritis Program, January 19, and 20, 1975.

We are pleased to announce that a conference on the pilot arthritis program presently funded through grants in 29 Regional Medical Programs will be convened.

Dates: Sunday, and Monday, January 19-20, 1975

Place: Hotel Meuhlebach and Towers
Baltimore and Wyandotte at 12th Street,
Kansas City, Missouri 64105
(Res. 816/471 - 1400)

The conference will begin early Sunday morning, and will continue until about 4:00 p.m., Monday afternoon.

A block of rooms has been reserved for conference participants for Saturday and Sunday nights, January 18-19. Single rooms are \$17.00 a night, and doubles are \$23.00. Reservations should be made personally.

Conference Hosts are the Kansas Regional Medical Program, and the Kansas City Division, Arthritis Foundation.

Conference Sponsors are the American Academy of Orthopaedic Surgeons, the Arthritis Foundation, and the participating Regional Medical Programs.

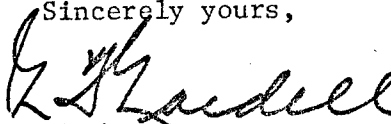
The purpose of the conference is to bring together decision-making individuals associated with the pilot arthritis programs to expedite exchange of experiences and problems, facilitate development of mutual assistance activities, and to identify feasible activities which may be undertaken to enhance program quality, and document the pilot arthritis initiative.

It is planned to conduct much of the conference in a workshop format. Thus, it is necessary to limit attendance to the number of key program representatives which can be accommodated in a specified number of committee work groups. It is requested that designated alternates be permitted to attend the conference on behalf of Coordinators and Project Directors who cannot attend.

Travel and per diem costs associated with this conference are appropriate obligations under arthritis project coordination and evaluation activities, if funds are available. Followup activities which do not constitute program enlargement, including arthritis program surveillance, reporting, coordination, and evaluation, were recommended by the National Advisory Council at its June 1974 meeting. The ongoing RMP responsibility for these functions is recognized, and the earmark ceiling on pilot arthritis activities is not considered by us to be violated when arthritis is subjected to the same administrative overview as is addressed to other RMP programs.

We would appreciate your completing and returning the enclosed statement of intent to assist development of the conference program. If you have questions about the conference, please contact Mr. Matthew Spear (301/443-1916).

Sincerely yours,



Gerald T. Gardell
Acting Director
Division of Regional Medical Programs

Enclosure

Date: _____

Matthew H. Spear
Division of Regional Medical Programs
Parklawn Building, Room 15-42,
5600 Fishers Lane,
Rockville, Maryland 20852

Dear Mr. Spear:

I plan to attend the pilot arthritis program conference in Kansas City,
on January 19-20, 1975.

My principal interests are: (please number in priority sequence)

Educational activities

Physicians _____

Paramedical _____

Patients _____

Other (Specify)

Program delivery

Demographic aspects _____

Types of Services _____

Service distribution _____

Program reporting _____

Program evaluation _____

Funding alternatives _____

NAME: _____

TITLE: _____

ADDRESS: _____
