



E000720

Profile: Northern New England Regional Medical Program

Grantee: University of Vermont College of Medicine
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Program Coordinator: John E. Wennberg, M.D.

Originally Prepared By: Spencer Colburn
Operations Officer

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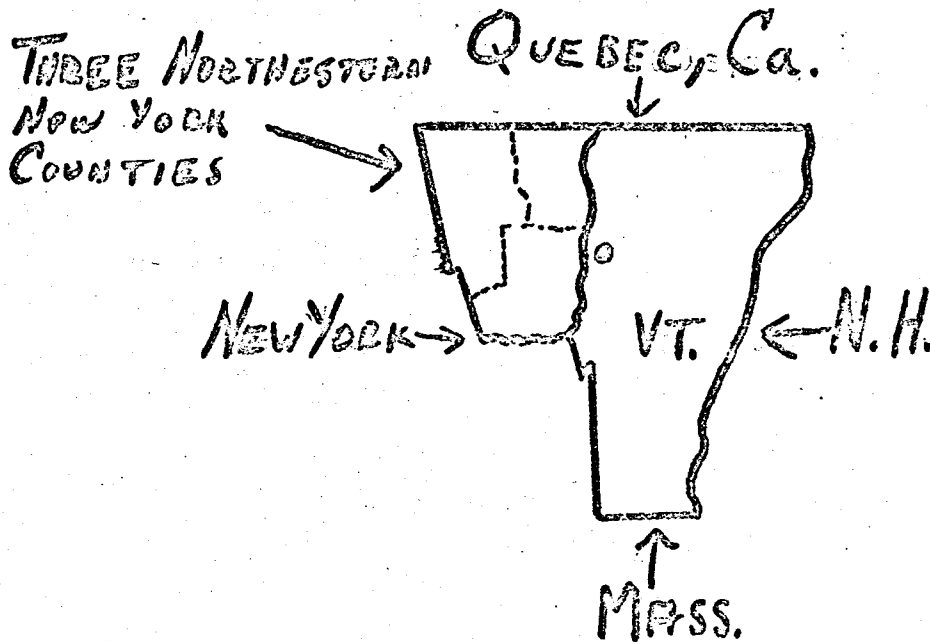
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I. GEOGRAPHY

The Northern New England Regional Medical Program encompasses the State of Vermont and the three northeastern New York counties: Clinton, Franklin, and Essex.

The Vermont State Legislature designated the University of Vermont as a planning agent for a Regional Medical Program and appropriated funds for the purpose of preparing a planning grant application.



II. DEMOGRAPHY

- 1) Population: The population for this region is estimated to be 542,000.
 - a) 35% urban
 - b) 98% white
 - c) Median age: 29.3 years (U. S. average 29.5)
- 2) Land area: 13,846 square miles
- 3) Health statistics:
 - a) Mortality rate for heart diseases -- 446/100,000 (high)
 - b) Rate for cancer -- 185/100,000 (high)
 - c) Rate for CNS vascular lesions -- 129/100,000 (high)
- 4) Facilities statistics:
 - a) There is one medical school, University of Vermont, with approximately 188 students.
 - b) There are five schools of nursing and only one is hospital based.
 - c) There are two schools of medical technology.
 - d) There are no schools of cytotechnology.
 - e) There are 30 non-federal hospitals, five are long-term and 25 are short term. There is a total of 2,734 beds in the long-term hospital and 1,826 beds in the short-term hospitals.

There is one federal hospital with 188 beds.
- 5) Personnel statistics:
 - a) There are 646 MD's (164/100,000) and 39 DO's (10/100,000) for Vermont. In the three counties of New York, there are 194 MD's (127/100,000).
 - b) In Vermont there are 2,815 nurses (716/100,000) of which 1,815 (470/100,000) are active.

III. POLITICS

1) Governor - Dean C. Davis (R) 1968-1970

2) Senators

a) George D. Aiken (R) 1940-1974; Agriculture and Forestry,
Foreign Relations, Joint Committee on Atomic Energy

b) Winston L. Prouty (R) 1950-1970; Commerce, District of
Columbia, Labor and Public Welfare, Special Committee on Aging

3) Representatives

Robert T. Stafford (R) 1960-1970; Armed Services

IV. HISTORICAL REVIEW

January, 1965

- Meeting with Governor Philip Hoff, State Legislators (Chairmen of House & Senate Health Committees), State Government Department Heads, Commissioner of Public Health and Dean Slater to explore ways by which the citizens of the Vermont region might profit from the intent of the federal legislative programs pending on heart disease, cancer and stroke.

February, 1965

- Report submitted to the Governor outlining a proposed planning organization for a regional medical program.

March, 1965

- University of Vermont College of Medicine Faculty Meeting - Pending federal legislation on heart disease, cancer and stroke discussed with the faculty.

Meeting with representatives of the State Medical Society and the State Department of Health regarding the heart disease, cancer and stroke legislation.

Council of the Vermont State Medical Society Meeting - Council passes a resolution establishing a committee to study the federal legislation and a resolution which approves in principle S.30, a Bill submitted to the Vermont State Legislature to create framework for preparing a planning grant request.

April, 1965

- Vermont State Hospital Association - Executive Committee unanimously votes "full support and enthusiastic endorsement" of Vermont Bill S.30 and nominates a representative to sit on the Advisory Board proposed in this bill.

May, 1965

- Governor Philip Hoff signs bill passed by Vermont Legislature calling for establishment of an Advisory Board appointed by the Governor to assist the University in preparing an application for federal funds.

June, 1965

- Appointment by Governor Hoff of members of the Advisory Board for Health Programs which will be responsible for submitting an application for regional medical program funds.

University of Vermont position paper on the DeBakey Commission Report and the pending federal legislation appears in the Congressional Record - Senator Aiken speaks on Vermont's planning efforts on the floor of the Senate.

July, 1965

- Dean Robert J. Slater and Dr. Benjamin Clark (representing the State Medical Society) testify before the House Committee on Interstate and Foreign Commerce to explain Vermont's approach to regional medical planning.

August, 1965

- First meeting of the Advisory Board for Health Programs.

November, 1965

- Dean Slater holds several meetings to discuss RMP and how it relates to others interested in the delivery of health care.

December, 1965

- President Johnson announces appointment of Dean Slater to the National Advisory Council on Regional Medical Programs.

New Hampshire-Vermont Committee on Health Care meets to discuss how this private non-profit corporate body might complement the work of the Governor's Advisory Board in regional medical planning.

Meeting in Hanover, New Hampshire between representatives from the Dartmouth and University of Vermont Schools of Medicine to discuss cooperation between the University of Vermont and Dartmouth in regional medical planning.

Second meeting of Advisory Board for Health Programs - Status of national, regional and local planning reviewed.

Meeting of an ad hoc New England Planning Committee on regional medical programs in Boston - Attended by Massachusetts Commissioner of Public Health, representatives of four Massachusetts medical schools, Massachusetts Medical Society, and Massachusetts Hospital Association; Brown University, and University of Vermont - Discussion centered around the feasibility of combined planning and application for federal funds for the New England States.

New England Conference for Regional Medical Program Planning called by Governor John A. Volpe of Massachusetts. Representatives of the governors of the New England States discuss possible approaches to coordinated New England Planning for regional medical planning.

January, 1966

- Regional Medical Needs Board (Vermont, Maine, New Hampshire) meets at Concord, New Hampshire to discuss how to relate the activities of this Board to Regional Medical Program planning.

New England Governor's Conference for Regional Medical Program planning meets in Boston. Resolution proposed by Vermont is adopted which calls for independent planning by "medical centers" within the framework of the federal legislation. At the same time an all-New England Committee is proposed to coordinate overall New England planning.

TRW, Inc., a systems engineering firm is brought in to study the feasibility of applying the technique of systems analysis to the development of RMP.

February, 1966

- New England Governor's Conference for Regional Medical Program Planning - Agreement of cooperation among the New England States drawn up and Committee established to carry on the work of coordinating planning of the six New England States.

March, 1966

- New England Committee for Regional Medical Programs - Meets to continue discussions on the organization required for coordinating New England regional programs.

Fourth meeting of the Advisory Board for Health Programs - Preliminary review of University of Vermont's application for a planning grant.

College of Medicine Executive Committee of the Faculty Meeting - The application for a planning grant is reviewed by the Committee.

April, 1966

- Planning grant 1 S02 RM 0003-01 is received (\$537,254). Robert J. Slater, M.D., Dean, University of Vermont College of Medicine is identified as the Program Coordinator.

June, 1966

- 01 Planning Award - \$191,698 DC. \$225,000 for TRW contract is omitted.

October, 1966

- R. W. Coon, M.D., becomes Program Coordinator (60% time) and program planning begins.

November, 1966

- Site Visit: Dr. O'Bryan, Mr. Anderson, Mr. Coffin, Mr. Peterson, Mr. Odoroff, and Dr. Dyson.

Plans for a cardiac registry is discussed.

December, 1966

- Earnest planning begins on two major activities: a) developing a master plan for achieving program objectives and b) identifying and integrating into the plan various projects that will be pertinent to the aims of the program.

April, 1967

- 01 Supplemental Planning Award \$17,109 DC.

Awards for 3 month period and is to plan a heart disease inventory for program development.

June, 1967

- 02 Planning Award \$290,940 DC.

July, 1967

- John E. Wennberg, M.D., became Program Coordinator (100% time).

The progressive coronary care project was discussed. Major emphasis on this project is intensive coronary care and prevention.

During FY 68 the RMP accomplishments were:

- 1) Participated in development of the Connecticut Valley Health Compact whose overall goal is to examine the possibilities for the provision of total health care in the Connecticut Valley Health Compact region.
- 2) A physician attitude study is initiated.

- 3) Heart inventory is completed.
- 4) A survey was made of existing medical records to evaluate time involved in history taking and recording of data from physicians examinations and to determine the quality of the data from the viewpoint of completeness and retrievability.
- 5) A state-wide education program is conducted in external cardiopulmonary resuscitation.
- 6) Possibilities of a cervical cancer screening program are explored.
- 7) Involvement with three projects related to information systems.

- 03 Planning Award - \$496,527

First Operational grant request received (\$2,221,392).

This application requested support of four projects as follows:

- Project #1 - RMP office
- Project #2 - Progressive Coronary Care
- Project #3 - Emergency Health Care
- Project #4 - Continuing Education for Health Professionals.

In early September a project #5 - Evaluation Protocol for Coronary Care System Inclusive of Emergency Health Services was submitted and added to this operational request.

October, 1968

- Site Visit to discuss 01 Operational request:
Dr. Proger, Dr. Storey, Robert Lawton,
R. Russell, A. Strochocki.

November, 1968

- Council concurs with site visit team and review committee and O1 operational grant is deferred for additional information and clarification.

December, 1968

- Dr. Wennberg request (granted) permission to meet with DRMP to discuss November Council's recommendation. He asked for permission to revise the operational application and be allowed to submit it for the January-February 1969 review cycle. His justification for requesting this was that a delay to the April-May cycle would be extremely detrimental to NNE/RMP.

February, 1969

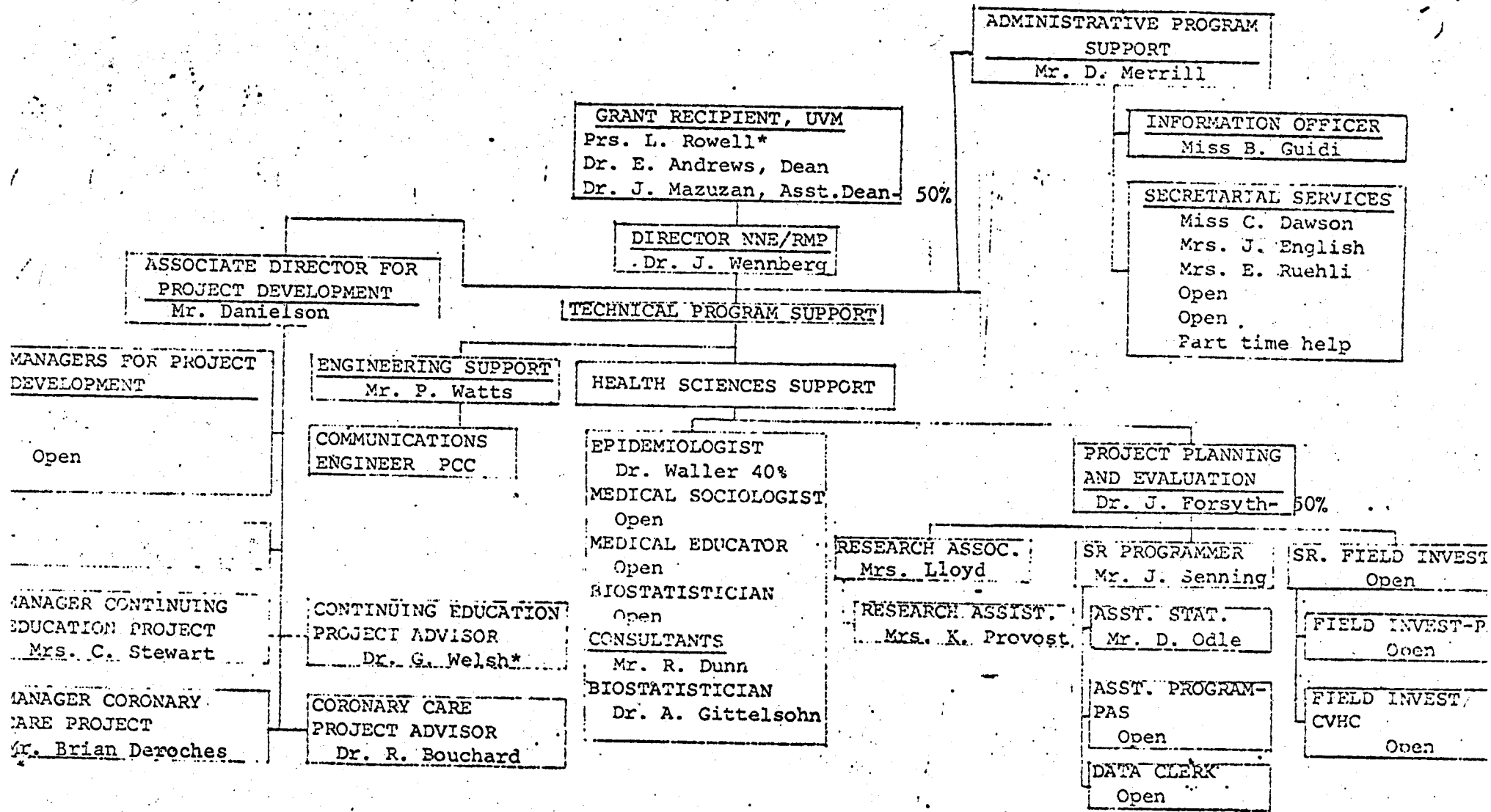
- Council approves operation request.

April, 1969

- O1 operational award of \$670,677 DC for funding project #1 - RMP Office, #2 - Progressive Coronary Care, and #4 - Continuing Education for Health Professionals.

V. CORE STAFF

- 1) Core Staff is located at the University of Vermont in Burlington.
- 2) Most of Core Staff are affiliated with the University of Vermont. The exceptions are Mr. R. Dunn, Operations Research consultant, and Dr. A. Gittelsohn, Biostatistician consultant.
- 3) The next page diagrams the key members of Northern New England's Core Staff, and their percent time with RMP.



*NO CHARGE TO NNE/RMP

AS OF 10/30/69

BIOGRAPHICAL INFORMATION

1) John E. Wennberg, M.D.

- a) Born June 2, 1934
- b) B.A. 1956, Stanford University
- c) M.D., 1961, McGill Medical School
- d) MPH 1966, John Hopkins
- e) Positions held:

1961-62 - Internship - D.C. General Hospital
1962-63 - Assistant Residency in Medicine, John Hopkins
1963-64 - Renal Disease Fellowship, John Hopkins
1964-65 - Pharmacology Fellowship - John Hopkins
1966-67 - Resident in Chronic Disease - Baltimore City Hospital
April 66 - Consultant to Maryland State Department of Health
to July 67 for the evaluation of medical care in nursing homes

2) Donald J. Danielson

- a) Born Wisconsin - January 26, 1936
- b) B.S. 1959 - Wisconsin State College
- c) M.T. (ASCP) 1959 - St. Mary's Hospital, Duluth, Minnesota
- d) MHA - University of Michigan
- e) Positions held:

1958-59 - Med. Tech. - St. Joseph's Hospital, Superior, Wisconsin
1959-63 - Clinical Lab Officer - U.S. Army
1963-64 - Supervisor Clinical Lab Service - University Hospital,
University of Wisconsin
1965-66 - Administrative Resident, Children's Hospital of Michigan
Detroit
1966-69 - Assistant Administrator Henry Ford Hospital, Detroit

3) Darwin G. Merrill

- a) Born Idaho December 14, 1933
- b) B.S. 1959 - Psychology - Utah State University
- c) M.S. 1964 - Human Factors, Purdue University
- d) Positions held:

1959-64 - Training Officer USAF
1962-63 - Administrative Advisor USAF
1964-67 - Behavioral Scientist USAF

4) Peter Morgan Watts

- a) Born July 8, 1931
- b) B.E.E. 1953 - Rensselaer Polytechnical Institute
- c) Positions held:

- 1953 - Electronic Engineer, G.E.
- 1953-55 - Electronic Scientist, USAF
- 1955-61 - Project Engineer, G.E.
- 1962-64 - Systems Engineering Manager, Litton Industries, College Park, Maryland
- 1964-65 - Program Manager, Fairchild Hiller Corp., Bayshore, N.Y.

VI. ORGANIZATION

Regional Advisory Board (RAB)

- 1) There are 27 members and they are appointed by the President, University of Vermont.
- 2) Term is for two years; however, members may be reappointed.
- 3) Representation is as follows:
medical school - 1, other health educational schools - 1, other University departments or schools - 1, Medical Society - 2, hospital associations - 1, other health professionals - 3, health practitioner - 1, all other hospitals - 1, Cancer Society - 1, Heart Association - 1, Government Public Health Agencies - 3, other Government agencies - 2, Health Insurance Industry - 1, consumer representation - 8.
- 4) The Chairman is Edward C. Andrews, Jr., M.D.; Dean, College of Medicine, University of Vermont.
- 5) Meetings are quarterly.
- 6) Functions:
 - a) Reviews and acts upon Phase I and II project recommendations as forwarded by study section. (See Review Process - Section VII)
 - b) Reviews long-term planning activities.
 - c) Reviews operational project implementation.
 - d) Submits an annual evaluation report in accordance with DRMP guidelines.
 - e) Grants applications requesting funds for planning or operational projects, submitted to the U.S. Public Health Service, shall be accompanied by a written statement of approval by RAB, signed by the Chairman.

Study Section

- 1) This group has seven members, four of whom are associated with the health care system, three who are not.
- 2) They are appointed by the Chairman of RAB and approved by the membership.
- 3) Functions:
 - a) Reviews Phase I and II and makes recommendations to RAB. (See Review Process - Section VII)

- b) Monitors progress of operational projects.
- c) Approves candidates, nominated by the Program Director, for project advisory positions.

Long-Range Planning Advisory Committee

- 1) There are eight members. Six members are from RAB; four of whom chair the standing committees and two members who also are on the Vermont Comprehensive Health Planning Advisory Board.
- 2) Functions:

To meet at least quarterly with program staff to review long-term planning activities to insure the Program objectives are being met and that planning efforts are actually coordinated with other area planners.

Standing Committees

- 1) This Region has standing committees for: Disease Prevention, Ambulatory Care, Education, Extended Care, Hospital Care, and Medical Economics.
- 2) Each committee has approximately eight members.

VII. REVIEW PROCESS - (A Schematic Diagram Follows This Written Description)

In this region the review process is explained in coordination with project development which is divided into four phases. The first three phases of development receive reviews.

Phase I - Problem Identification - During this phase ideas for project development are received (usually at coordinating headquarters). These ideas are usually expressed in broad term and are reviewed by core staff, standing committees and other sources with expertise in the "idea" areas. The resultant material is sent on to the RAB Study Section. The Study Section makes recommendations to the full Advisory Board on which problem areas should receive Phase II processing.

Phase II - Problem Analysis and Preliminary Project Development. During this phase the project originators expand on the recommendations of RAB. A Project Advisory Committee may be established (if not at this stage the committee will be formed in Phase III). This committee is convened to insure active participation of the appropriate individuals, institutions, and regional organizations in the detailed development of the projects.

Core staff provides a project manager and other assistance within its resources to better develop this project.

When the projects' planning has reached a significant level of achievement, it is again submitted to the RAB through the Study Section for a liaison as to whether or not to proceed to Phase III.

Phase III - Detailed Project Development. During this phase the efforts of all concerned with the development of the project are intensified. The completed project is now submitted to RAB for final approval.

Phase IV - Project Implementation and Evaluation. This phase is that of implementation if funds are successfully acquired.

FLOW DIAGRAM: PROJECT ELOPMENT PROGRAM PLAN

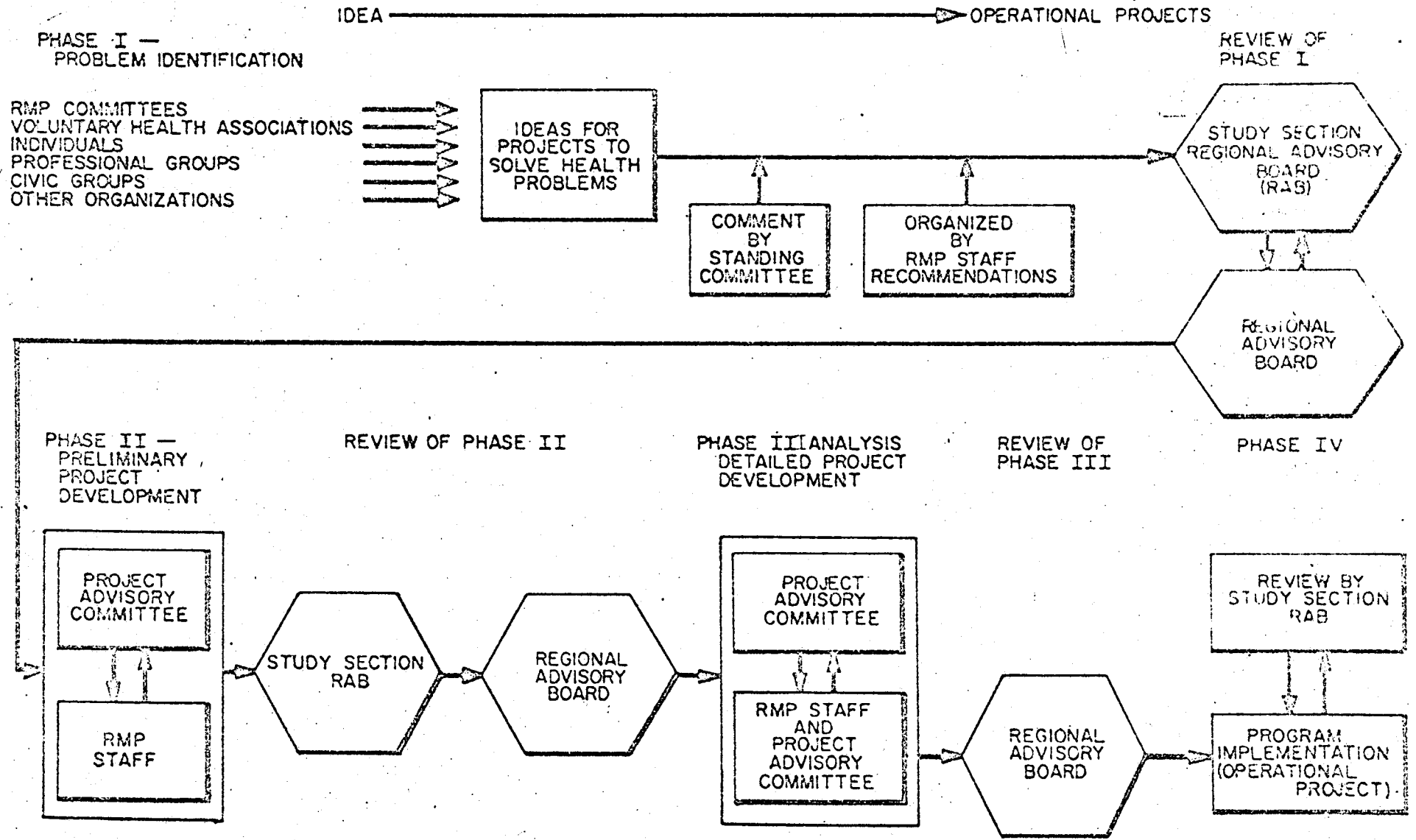


Figure 1

REGIONAL DECISION PROCESS

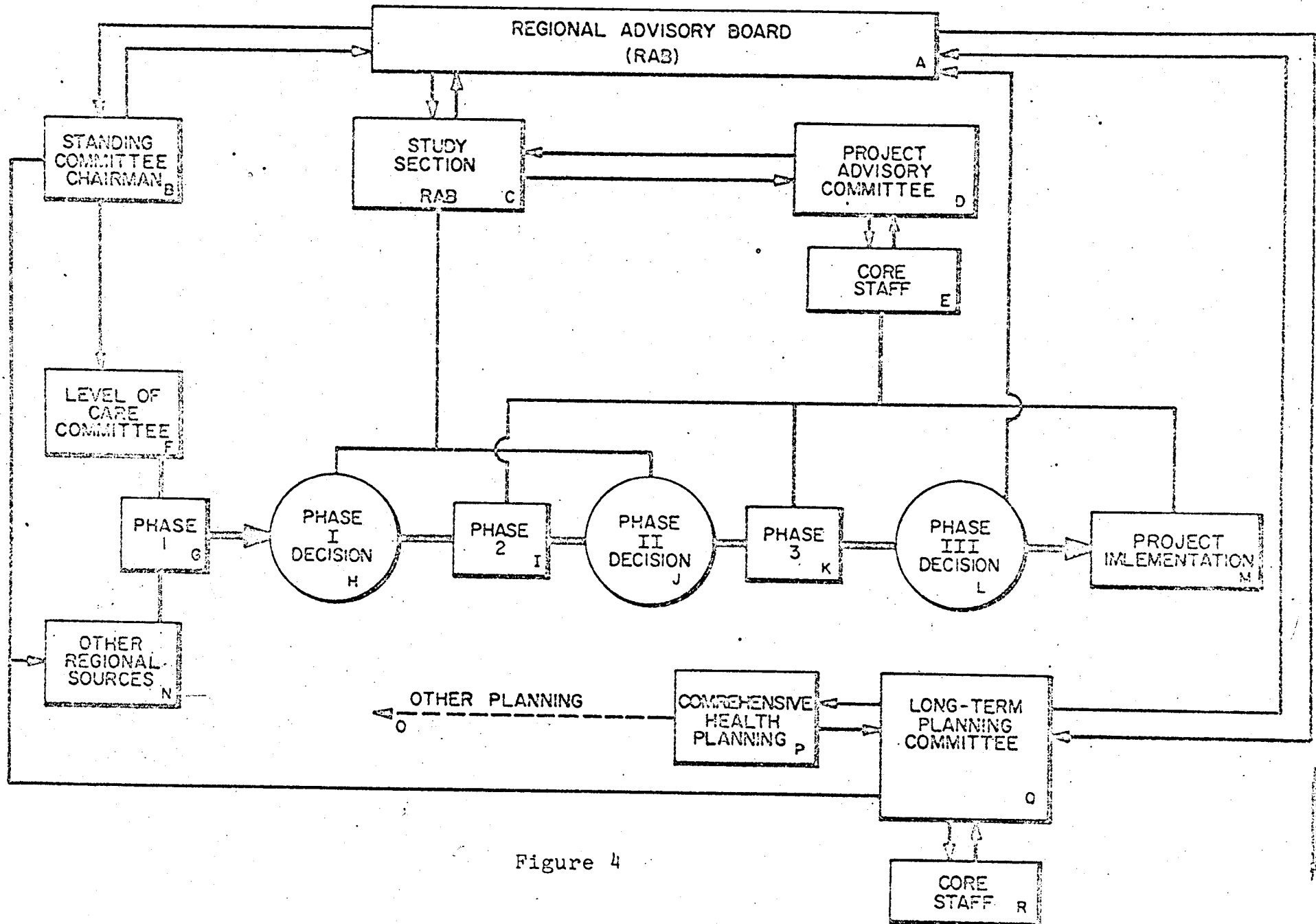


Figure 4

VII. FUNDED OPERATIONAL PROJECTS

#2 -- PROGRESSIVE CORONARY CARE

Objectives: Proposes to establish a system of coronary care units which contains certain innovations related to the exigencies of rural medical care. Project implementation will essentially complete the process of regionalization for treatment of this disease during the acute phase. The immediate project goal is to reduce in-hospital mortality from acute myocardial infarction by one third.

#4 -- CONTINUING EDUCATION FOR HEALTH PROFESSIONALS

Objectives: Proposes to establish a regional system of Educational Coordinators in community hospitals to establish and maintain direct liaison with the communities for educational programs. The overall objectives: motivate health professionals toward self-development, encourage communications and cooperation to improve coordination of educational programs, improve the effectiveness of programs, and increase recruitment of health care personnel.