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J. BROYHILL  
DISTRICT 9 - KANNAPOLIS

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

The North Carolina Regional Medical Program was among the very first for which a planning grant was awarded (effective July 1, 1966). All three medical schools in the Region (Bowman-Gray, Duke University, and the University of North Carolina) have cooperated closely in the planning and development of this Program.

Planning and the study of health problems in the Region has progressed rapidly. Now in its second year, with a grant of \$733,674, the North Carolina Regional Medical Program has already developed and submitted its initial operational proposal. Brief descriptions of the nine operational projects for which support has been requested, are included in the attached summary.

March 1968

## NORTH CAROLINA REGIONAL MEDICAL PROGRAM

REGION State of North Carolina

COORDINATING HEADQUARTERS Duke University  
(For Association for the North Carolina  
Regional Medical Program)

STARTING DATE July 1, 1966

FUNDING

<u>Current Award:</u>	\$773,674
<u>Current Request:</u>	\$1,570,067
<u>Projected Next Year:</u>	\$2,200,000

OPERATIONAL STATUS Currently under review

PROGRAM COORDINATOR Marc J. Musser, M.D.  
4019 North Roxboro Road  
Durham, North Carolina 27704

ADVISORY GROUP

1. Chairman: Dr. George W. Paschal, Jr.  
1110 Wake Forest Road  
Raleigh, North Carolina
2. Membership: 27 (attached)  
Practicing M.D.'s 4, Medical Center 5,  
Hospital Administrators 2, Voluntary  
Health Agencies 2, Public Agencies 5,  
Allied Health 5, Public 4.

ORGANIZATION AND STAFFING

The regional program is organized as the Association for the North Carolina Regional Medical Program. Duke University is the fiscal agent. The Association is composed of a Regional Advisory Council. The Council elects an eighteen member Board of Directors which meets monthly. An Executive Committee of five members acts for the Board between meetings. The objectives and policies of the Association are carried out by an administrative staff under the direction of the Program Coordinator. The administrative staff is divided into five divisions:

1. Administrative Services Division
2. Research and Evaluation Division
3. Hospital Division
4. Professional Program Development Division
5. Communications and Information Division

The mechanisms for a viable and growing Regional Medical Program exist in North Carolina. Projects originate from a variety of sources both inside and outside of the Program. Proposals are submitted to the Association office for technical review. They are then reviewed by the Executive Office which forwards favorably reviewed proposals to the Board of Directors. The Board of Directors submits the proposals to the Advisory Council which reviews them through the involvement of eight subcommittees. The Council reports to the Board of Directors which then takes final action. An especially valuable resource is the Research and Evaluation Division of the Core Staff which provides essential basic data and designs methods of evaluation for all projects submitted.

It is estimated that approximately 140 persons are actively contributing to the program either as full or part-time core staff members, as consultants, or as committee members.

#### REGIONAL ADVISORY GROUP

The Regional Advisory Group is composed of 27 members representing a considerable reservoir of experience, ability and leadership. The Group meets twice a year jointly with the Board of Directors and as many times as necessary to fulfill its responsibility to the program. It has met six times to date. According to the Articles of the Association, the Advisory Group has the following functions:

1. to review the programs of the North Carolina Regional Medical Program with concern for the degree of relevance to the objectives of the overall program;
2. to advise as to the future directions of the program;
3. to encourage cooperation among participating institutions;
4. to approve operational proposals.

The eight subcommittees of the Regional Advisory Group work closely with the Association staff and serve as a cohesive liaison with the full group.

#### PLANNING ACTIVITIES

Activities to date have brought the region to a level of readiness for operational status.

An administrative and coordinating mechanism involving the health resources in the Region has been formed. It has demonstrated its capacity for effective decision-making, the relating of decisions to needs, and the stimulation of productive cooperative effort among the major health interests.

Representative leadership has been recruited for the guidance and coordination of the program.

During the planning period a comprehensive survey of the health needs, facilities, and manpower within the region was undertaken, cooperative arrangements among institutions and local medical societies were developed and an active public health professional information program was initiated.

A feasibility study (A State-wide Diabetic Consultation and Education Service) and two pilot projects (The Development of and Training for Intensive Coronary Care Units in Community Hospitals, and Education and Research in Community Medical Care) have been initiated and are progressing favorably.

Nine operational projects now in various stages of development have been submitted for support. The Operational objectives of the program are:

1. Improved utilization and augmentation of health resources to meet needs;
2. Continued evaluation and survey of impact of Regional Medical Programs;
3. Research.

#### SUMMARIES OF PROPOSED OPERATIONAL PROJECTS

##### 1. Education and Research in Community Medical Care

To develop resources for training more medical and allied medical students; to provide new types of educational experiences which will make family practice more attractive; to have a postgraduate education program at the medical school; to strengthen ties between the medical school faculty and practicing physicians; and to have the medical school become involved in community planning for improving the quality and availability of medical care.

##### 2. Coronary Care Training and Development

To use the project as a medium for developing cooperative arrangements among the various elements in the health care community. Initial and continuing education will be provided to nurses and physicians, consultation will be available to nurses and physicians, consultation will be available to hospitals in establishing CCU's, and a computer-based system of medical record keeping.

##### 3. Diabetic Consultation and Educational Services

To establish three medical teams to deliver services throughout the state; to assist in expansion of diabetic consultations and teaching clinics; to provide seminars for nurses and patients to assist in organization of a state Diabetes association and local chapters; to test techniques of data collection.

4. Development of a Central Cancer Registry

To devise a uniform region-wide cancer reporting system, integrated with the PAS, the computer-stored data from which can be retrieved to serve a broad range of educational, research, statistical, and other purposes.

5. Medical Library Extension Service

To bring medical library facilities of the three medical schools into the daily work of those engaged in medical practice. Local hospital personnel will be trained to assist medical staff; libraries will be organized into a functional unit for responding to requests for services. Bibliographic request service will be established.

6. Cancer Information Center

To provide physicians with immediate consultation by telephone and follow-up literature. Each of the three medical schools will be responsible for providing service in its geographic locale.

7. Continuing Education in Internal Medicine

To bring practicing internists to the Medical Center for a month of up-to-date training in their subspecialties. They will share responsibilities with attending physicians and make ward rounds with students, staff, and together.

8. Continuing Education in Dentistry

To provide physicians and dentists with the knowledge of mutual concern which will enable them to be more effective members of the health team. Courses will be given at the University of North Carolina and in communities. Studies will be made of facilities needed to provide dental care in hospitals.

9. Continuation Education for Physician Therapists

To develop and establish continuing education for physical therapists. Subregions will be delineated where needs and interests will be identified and committees will be organized to arrange local activities.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS  
IN NORTH CAROLINA

Chairman

Dr. George W. Paschal, Jr.  
1110 Wake Forest Road  
Raleigh, North Carolina

Voluntary Agencies

Dr. Eloise R. Lewis, President  
N.C. State Nurses Association  
Greensboro, North Carolina

Dr. E. H. Ellinwood  
N.C. Public Health Association  
Greensboro, North Carolina

Miss Elizabeth Hendrik  
N.C. Society of Medical Technologists  
Chapel Hill, North Carolina

Mr. Paul Roberts  
N.C. Physical Therapy Association  
Asheville, North Carolina

Mr. Elisha M. Herndon  
N.C. Health Council  
Durham, North Carolina

Dr. George F. Kirkland, Jr., Pres.,  
N.C. Dental Society  
Durham, North Carolina

Dr. Mark M. Lindsey  
N.C. Division of American Cancer Society  
Hamlet, North Carolina

Mr. W. James Logan  
N.C. Heart Association  
Chapel Hill, North Carolina

Mr. S. D. Griffin  
N.C. Pharmaceutical Association  
Burlington, North Carolina

Official Agencies

Dr. L. L. Schurter  
N.C. Division Vocational Rehabilitation  
Raleigh, North Carolina

Mr. Robert H. Ward  
N.C. Board of Public Welfare  
Raleigh, North Carolina

Dr. Jacob Koomen, Director  
N.C. Board of Health  
Raleigh, North Carolina

Representatives of the Public

Mr. Francis C. Bourne, Jr.  
Murphy, North Carolina

Mr. Thomas Bridgers  
Wilson, North Carolina

Mr. R. Harold Staton  
Greenville, North Carolina

Mr. Thomas H. Wright, Jr.  
Wilmington, North Carolina

Physicians at Large

Dr. George W. Paschal  
Chairman  
Raleigh, North Carolina

Dr. Paul Sanger  
Charlotte, North Carolina

Dr. Frank Sullivan  
Wilson, North Carolina

Dr. Joseph Walker  
Winston-Salem, North Carolina

Community Hospitals

Cabarrus Memorial Hospital  
Concord, North Carolina

Cone Memorial Hospital  
Greensboro, North Carolina

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( No representatives named to date  
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Dr. Robert Crouch  
Memorial Mission Hospital  
Asheville, North Carolina

Hospital Administration

Mr. John Rankin, Director  
Charlotte Memorial Hospital  
Charlotte, North Carolina

Medical Society Official

Dr. Robert A. Ross  
University of N.C. School of Medicine  
Chapel Hill, North Carolina

Medical Center Officials (Ex Officio)

Dr. Manson Meads, Dean  
The Bowman Gray School of Medicine  
Winston-Salem, North Carolina

Dr. William G. Anlyan, Dean  
Duke University School of Medicine  
Durham, North Carolina

Dr. Isaac M. Taylor, Dean  
University of N.C. School of Medicine  
Chapel Hill, North Carolina

Academic Institutions

Dr. Bruce Whitaker  
President, Chowan College  
Murfreesboro, North Carolina