



E001281

DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

Health Services and Mental Health Administration

Division of Regional Medical Programs

National Advisory Council on
Regional Medical Programs

Minutes of Meeting
March 31-April 1, 1970

National Institutes of Health
Conference Room 4
Building 31

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

National Advisory Council on Regional Medical Programs

Minutes of the Nineteenth Meeting 1/ 2/

March 31-April 1, 1970

The National Advisory Council on Regional Medical Programs convened for its nineteenth meeting at 8:30 a.m., Tuesday March 31, 1970 in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Joseph T. English, Administrator, Health Services and Mental Health Administration presided over the meeting.

The Council members present were:

Dr. Michael J. Brennan	Dr. Alfred M. Popma
Dr. Bland W. Cannon (3/31 only)	Dr. Russell B. Roth
Dr. Bruce W. Everist	Dr. Mack I. Shanholtz (3/31 only)
Dr. Clark H. Millikan (3/31 only)	Mrs. Florence R. Wyckoff (3/31 only)
Dr. Edmund D. Pellegrino	

A listing of RMP staff members, and others attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

The meeting was called to order by Dr. Harold Margulies who introduced himself as Acting Director of Regional Medical Programs Service. Dr. Margulies replaces Dr. Stanley W. Olson whose resignation was accepted by Dr. English on March 16, 1970.

II. ANNOUNCEMENTS

Dr. English acknowledged Dr. Olson's very important contributions to the development of Regional Medical Programs, both as a former Coordinator of Tennessee/Mid-South RMP and as Director of the Service and stated that he has asked Dr. Olson to remain as a consultant until he assumes his new position in San Antonio.

1/ Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all material submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions — only when the application is under individual discussion.

In addition to his principle position as Administrator of the Health Services and Mental Health Administration, and also as Chairman of the National Advisory Council on Regional Medical Programs, Dr. English explained that he has now increased his direct involvement in Regional Medical Programs by assuming into his office the direct operational responsibility for the Regional Medical Programs Service. He has asked Dr. Margulies to accept, on an acting basis, the direct responsibility of administering RMPS. Dr. English asked the Council for their help in finding a permanent Director and suggested that they write directly to him with the names of candidates whom he might consider and also any special characteristics that they feel he might wish to identify in making his final selection.

Dr. English reported briefly to the Council on his recent appearance, along with Dr. Egeberg, before the House Ways and Means Committee, as a part of their closed hearings in regard to the MEDICAID Task Force report. He said that both he and Dr. Egeberg considered this a significant first opportunity for representatives of the nation's health professions to be included in discussions of Federal financing of health care services.

III. CONSIDERATION OF FUTURE MEETING DATES

The dates of July 28-29 and December 8-9, 1970 were reconfirmed. No dates were made for meetings to be held in 1971.

IV. CONSIDERATION OF MINUTES OF THE DECEMBER 1969 AND MARCH 2, 1970 MEETINGS

The Council unanimously recommended approval of the December 16-17, 1969 and the special March 2, 1970 meetings.

V. UPDATE IN THE LEGISLATIVE PROCESS

A. Extension Legislation

In discussing the Health Services Improvement Act of 1971 the Council reactions were essentially the same as those elicited at the time of their earlier discussion of the proposal with Mr. Irving Lewis, at the special meeting on March 2, 1970.

Dr. English assured the Council that many of their concerns were based on what he believes is a misunderstanding of the intent of the Administration in this legislative proposal. He made it very clear that there are no intentions to place one

of the programs "under" any other of the programs involved, and that the very essential role to be played by Regional Medical Programs in the Federal effort to improve health care services is, in effect, a vote of confidence by the Department in the success of Regional Medical Programs. As further evidence of this confidence in the viability of the Program, Dr. English cited the decision made by the Department and the Bureau of the Budget to release for use by the Program, \$20 million in grant funds which have been part of the expenditure limitation in 1969 and 1970.

As was the case in the March meeting, the Council's most serious concerns relate to what they fear are premature and drastic changes in the basic concepts of the Program, which will result in loss of the interest and cooperation of the private sector. As stated by Dr. Everist, it is the involvement of these groups which has "made Regional Medical Programs a federal, rather than a Federal, program."

The Council was assured by Dr. English that the effect of the Administration's legislative proposal is to be the first step in a gradual and incremental approach to consolidation of the efforts of the Health Services and Mental Health Administration; rather than any attempt to change, subordinate, or destroy one Program while endorsing or developing another. The Council is not, however, sufficiently confident that the Program can withstand what will be the apparent, if indeed not the real, effects of the implementation of the provisions of this proposal. The members also expressed frustration in their ability to make a genuinely supportive interpretation of the proposal to their colleagues who have served and cooperated so enthusiastically at the national and local levels and in their institutions.

Dr. Pellegrino effectively summarized the Council's belief that none of them can honestly and conscientiously serve as a "salesman" for the proposed Health Services Act of 1971 and therefore, their only effective role at the present time can be that of "negotiator." This they can do by attempting to identify the aspects of Regional Medical Programs that have made it sufficiently useful to the Administration, and then to make every effort to see that these aspects of the Program are preserved.

In discussing the future role of the Council, several of the members, particularly those who had been unable to attend the March meeting, were surprised and disturbed to learn that Section 901 of S 3443 is in error, and that in fact the role of the expanded

comprehensive advisory council would be limited to advice and assistance to the Secretary on policy matters and an annual retrospective review of the grant supported activities. Such a role, they believe, would severely limit the effectiveness of the Council in influencing either the direction or the quality of the program. Questions were raised concerning the administrative arrangements to be established under this legislative proposal and the general concept of peer review of grant application.

The Council voted unanimously to go on record as recommending that the present mode and authorities of the National Advisory Council on Regional Medical Programs be preserved; by administrative regulations if not by law; either as an independent Council or as a subgroup of the larger comprehensive Council proposed in the Health Services Improvement Act of 1971.

The Council likewise voted unanimously to record their recommendation that the disease-categorical emphasis of the program be preserved, not as a limiting factor on the development of the Program, but as a focus for program emphasis and to define the "principle concerns" of Regional Medical Programs.

B. Appropriations - FY 1971

Dr. Margulies informed the Council that hearings before the House Subcommittee on Appropriations were tentatively scheduled for the week following the Council meeting. He said that he expected them to be uncomplicated and probably brief, in this Congressional election year.

VI. APPORTIONMENT OF THE FY 1970 BUDGET AND BUDGET PLANS FOR FY 1971

Dr. Margulies reviewed the circumstances which led to the DHEW and Bureau of the Budget decision to release the \$20 million in grant funds which had been held by the Department as part of the expenditure limitation. Based on a specific plan presented by Regional Medical Programs Service at the request of the Department and the Bureau, \$5 million is available for obligation between now and June 30, 1970 and the remaining \$15 million is to be added to the amount requested in the 1971 budget; bringing the total amount proposed for grants in FY 71 to \$94.5 million.

VII. IMPLEMENTATION OF MULTIPROGRAM SERVICE GRANTS (SECTION 910)

This grant authority was added to the RMP legislation in June 1968.

However, due to the expenditure limitation imposed at the same time, and subsequent constraints on available grant funds, it has not been implemented. The Council was reminded of the general guidelines recommended by a special subcommittee chaired by Dr. John Hogness, the report of which was adopted by the Council at its meeting in August 1969. Staff advised the Council that they intend to develop a set of specific Terms and Conditions, based on the general guidelines contained in the Council recommendations. These will be made available nationally and applications will be invited to compete for grant awards early in fiscal year 1971.

In this connection, Mrs. Phillips described the Senior Clinical Traineeship program, which provides direct support for individual physicians to undertake post-residency training in the clinical management of neoplastic diseases. This program was begun as a Clinical Fellowship program of the National Cancer Institute very early in that organization's history. In 1963 it was transferred to the Cancer Control Branch of the Division of Chronic Disease. Initially it was funded by them as a direct award program, and later as a program of institutional awards under the 314(e) authority.

Scheduled for phase-out along with the other activities of the Division of Chronic Diseases, this program was singled out both by the Office of the Assistant Secretary for Health and Scientific Affairs, and by oncologists in the medical/academic community, as being of sufficient importance to the Nation's potential for caring for cancer patients as to warrant its continuation as part of the ongoing activities of the Regional Medical Programs Service. It was agreed by the Health Services and Mental Health Administration that this Program would continue to be funded at an annual level of approximately \$1 million, and be administered under the Section 910 authority of the Regional Medical Program legislation. Although at this late date in the medical/academic year probably only a small number of qualified candidates remain unplaced and only a very few first rate training opportunities remain unfilled, it was agreed that it is important to maintain the continuity of this program. Therefore, an amount of \$300,000 (of the newly released \$5 million -- see above) will be set aside for awards to be made during the remainder of this fiscal year.

Because the Council will not meet again in this fiscal year, the Council unanimously agreed to delegate to Dr. Brennan the authority to select appropriate candidates for these awards. He will be assisted in this effort by an ad hoc panel of experts in clinical management of cancer, representing the six basic disciplines

of internal medicine, pediatrics, surgery, radiology, pathology, and gynecology.

VIII. GUIDELINES - IMPROVING CONTINUING EDUCATION ACTIVITIES USING INSTRUCTIONAL TECHNOLOGY

Dr. Pellegrino reported on the work of the subcommittee which developed the draft guidelines which were before the Council. He explained the workings of the task force which undertook the study and the nature of their report to him and to Dr. Mack Schmidt and Dr. George Miller who represented the Review Committee. He said that after a great deal of discussion it had been agreed to present this very preliminary draft to the Council only as an indication of the directions being taken by the subcommittee. The Council agreed to approve Part I of the report, in principle, with the recommendation that it undergo substantial substantive and editorial revision and resubmission to the Council. Part II of the report was considered separately and found to be entirely satisfactory in its present format. The Council unanimously recommended its approval without further substantive revision.

IX. GUIDELINES FOR CANCER CARE

Dr. Sloan recalled to the Council that these Guidelines were prepared by a Special Advisory Committee on Cancer Care Facilities of the Cancer Commission of the American College of Surgeons, under contract with the Division of Regional Medical Programs, in response to Section 907 of the Regional Medical Programs legislation which provides that "The Surgeon General shall establish, and maintain on a current basis, a list or lists of facilities in the United States, equipped and staffed to provide the most advanced methods and techniques in the diagnosis and treatment of heart disease, cancer, or stroke. . ."

She introduced Dr. Warren Cole, who served as chairman of the Special Advisory Committee. Dr. Cole outlined the procedures, the representation, and the data gathering activities of the Committee and formally presented the report to the Council. He also reported that the Guidelines had been reviewed extensively by the National Advisory Cancer Council who recommended that a concise summary be prepared.

In response to questions regarding the apparent stringency of the guidelines, Dr. Sloan reminded the group that the document is indeed intended only as a guide, and only for hospitals which wish

to be designated as providers of definitive cancer care.

In accepting the report, the Council offered their congratulations and sincere thanks to Dr. Cole and the Committee. In further discussion, however, they stated very clearly that in accepting the report they have not approved it for publication. Instead, they agreed unanimously to recommend further work on the report and further assistance from the National Advisory Cancer Council, with reference of the final draft to a subcommittee of the National Advisory Council on Regional Medical Programs before presentation to the Council as a whole.

X. REPORT FROM THE AD HOC COMMITTEE ON KIDNEY DISEASE

Dr. Margulies reported briefly on a one day ad hoc meeting held February 13, 1970, of a group of experts in the kidney field. Although the principle purpose of the meeting was to offer professional guidance in the development of an effective kidney disease program as an integral part of Regional Medical Programs under pending legislative proposals, the discussion concentrated on recent trends in the treatment of end-stage kidney disease, focusing particularly on regional requirements. Although it was not presented as a definitive document, the general recommendations of the ad hoc committee met with general agreement on the part of the Council. Dr. Everist suggested that when such a document is finally prepared it should include more emphasis on prevention of kidney disease, particularly in children.

XI. REVIEW OF APPLICATIONS

A. Relevant Issues

1. RMP grant contribution to the establishment of and continued demonstrations in intensive care units

At the request of the Review Committee, the Council was asked to consider the role of Regional Medical Programs in continuing to establish and equip facilities-resources in institutions which, although initiated for purposes of training and demonstrations, will continue to provide patient services for which fees are routinely collectable from virtually all third party payers. Recognizing the very great difficulty faced by the Review Committee in making judgements on such projects, particularly when they are of recognized value in the establishment of a Regional Medical Program in a community; the Council continues to believe it unwise to attempt to develop a firm policy, arbitrarily including or excluding such projects from Regional Medical Program grant support.

Relating this general issue to a specific request contained in the application from the Greater Delaware Valley Regional Medical Program, Dr. Millikan suggested, and the Council unanimously agreed, that funds from Regional Medical Programs should not be used for support of the establishment or maintenance of stroke centers designed to evaluate specific modalities of stroke treatment. Sixteen such centers are currently funded by the National Institute of Neurological Diseases and Stroke for carefully designed and thoroughly controlled studies of these therapeutic modalities, and will provide sufficient information and data to make the definitive judgements in this regard.

2. Need for a study of Regional Medical Program Participation in Projects Involving Automated Technology

In response to a repeated request from the Review Committee for guidance concerning projects which are clearly identifiable as "research and development" and require large expenditures for expensive equipment, the Council has agreed to undertake a study in this regard. They also agreed with Dr. Margulies on the necessity for some background information on the current status of Federal funding of such activities, particularly funding by the various component programs of HSMHA. This study Dr. Margulies promised to have available at the next meeting as a basis for further investigation of specific roles of Regional Medical Programs in this arena.

3. Review of Council Policy on Health Manpower and Recruitment

At the suggestion of the staff the Council voted unanimously to amend the Guidelines on health careers recruitment (Guidelines Addendum, February 1970, page 15) to include the following additional statement:

"This does not include the use of RMP funds for remedial education, enrichment programs, or student loans or scholarships."

4. Kidney Disease Policy - Retain for Remainder of FY 70 or Revise?

In the light of the present uncertainties regarding both legislation and appropriations for Regional Medical Programs in 1971, the Council agreed that it would, at this time, be premature for them to undertake the development of a more specific policy regarding Regional Medical Program support of kidney disease activities.

At the same time they recognize the difficulties inherent in continued deferral of action on specific kidney disease projects which reach them for final recommendations.

In addition to several which are before them in this round of review the Council agreed to reconsider the three which were recommended for deferral at the previous meeting:

WISCONSIN REGIONAL MEDICAL PROGRAM

Project #15 - A Comprehensive Program in Renal Disease

Approval in the time and amount requested with the suggestions and recommendations cited by the Review Committee in July 1969 (see also Section XI C).

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM

Project #13 - A Regional Program for Training of Physicians and Other Allied Health Professionals for the Management of Chronic Renal Disease Patients

Approval at the reduced level and with the specific conditions recommended by the Review Committee (see also Section XI C).

METROPOLITAN WASHINGTON, D. C. REGIONAL MEDICAL PROGRAM

Project #31 - Hemodialysis Training Program

Although conditional approval was originally recommended by the Review Committee, the major reservation expressed was the absence of a transplantation center to which this project can directly relate, either immediately or in the foreseeable future. In the absence of any satisfactory resolution of this particular aspect of the recommendation, the Council again deferred final action.

B. Special Actions

NEBRASKA/SOUTH DAKOTA - The Council was apprised of recent correspondence between the Region and the Division regarding its possible separation into two state Regional Medical Programs, and the proposal of the South Dakota Governor to combine RMP and CHP in his state.

The Council expressed interest in this as an experiment but declined to make any formal recommendation. It was agreed that their involvement would be appropriate only at such time as an application for a planning grant from South Dakota is submitted.

WESTERN PENNSYLVANIA - Project 8 - Laurel Mountain Home Health Aide Training and Demonstration

This revised application was submitted to Council at the specific request of the Region in order to provide additional information intended to clarify the relationship of the project to the Region's total effort.

Council reaffirmed its original assessment of the inherent quality of the project, particularly the educational aspects. On the basis of the additional information and the revised budget, they agreed on its appropriateness as a part of the Western Pennsylvania RMP and believe that the cost is realistic. Approval is recommended for the time and in the revised amount requested with the understanding that the income produced by the project will be used for the purposes of the project, as stated by the applicant.

01 - \$76,600

02 - \$77,850

03 - \$81,500

C. Recommendations for Action ^{1/}

The Council recorded their recommendations in the format which was adopted in the previous review cycle (Appendix I).

ALABAMA REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee.

01 - \$257,357

02 - \$231,956

03 - \$0

ALBANY REGIONAL MEDICAL PROGRAM

Return for revision with the suggestions of the Review Committee.

ARIZONA REGIONAL MEDICAL PROGRAM

Return for revision with the suggestions of the Review Committee.

BI-STATE REGIONAL MEDICAL PROGRAM

Non-approval

Project 10 - Non-approval I = Inappropriate for RMP funding - Council finds this project outside the policy guidelines relative to basic training of allied health personnel.

Project 11 - Non-approval II = To be revised according to suggestions of the Review Committee.

Dr. Pellegrino abstained from voting.

^{1/} All amounts are direct costs only and unless otherwise specified refer to 12-month periods.

The designation 01, 02, etc. relates to the first, second, etc., budget periods of the subject application, not necessarily the budget periods that will actually be supplemented.

CALIFORNIA REGIONAL MEDICAL PROGRAM

Approval with specific conditions, as detailed below, in amounts not to exceed:

01 - \$806,942 02 - \$828,158 03 - \$885,254

- #7R - Approval I for one year only.
- #54 - Approval II with conditions set by the Review Committee.
- #55 - Approval I
- #56 - Deferral with the new information to be reviewed by experts in the field.
- #57 - Non-approval II with the suggestions of the Review Committee.
- #58 - Approval I.
- #59 - Non-approval II with the suggestions of the Review Committee.

CENTRAL NEW YORK REGIONAL MEDICAL PROGRAM

Approval, without additional funds and with the advice of the Review Committee.

COLORADO/WYOMING REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

01 - \$48,037 02 - \$67,003 03 - \$73,471

FLORIDA REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

01 - \$146,380 02 - \$162,918 03 - \$179,857

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM

RM 00026 3/70.1 - Approval with specific conditions as recommended by the Review Committee.

01 - \$190,628 02 - \$195,655 03 - \$150,493

RM 00026 3/70.2 - Return for Revision.

The Council agrees that this project is proposed by highly competent individuals, to be conducted in an institution well

situated for, and capable of becoming, a regional center for training and demonstrations in the diagnosis and management of stroke patients. They therefore recommend that it be revised to focus on those objectives and offer the following suggestions:

1. RMP funds should not be used to establish or otherwise support centers for the evaluation of methods of treatment of stroke patients, since sixteen such centers are funded under careful study by the National Institute of Neurological Disease and Stroke.
2. The proposed number of beds is unnecessarily large and unmanageable for teaching and demonstration purposes.
3. Although the proposed course material appears to be well planned and inclusive there is no evidence that the potential trainees from throughout the Region have been included in the planning nor has any study of their training needs or home-resources been undertaken.
4. There is only very brief mention of cooperative planning with other metropolitan centers toward the establishment of Philadelphia General as the stroke training and demonstration center for the Greater Delaware Valley RMP or for any area of it.

HAWAII REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

RM 00001 - 3/70.1

01 - \$165,200	02 - \$127,328	03 - \$120,521
----------------	----------------	----------------

RM 00001 - 3/70.2

01 - \$116,381	02 - \$110,000	03 - \$110,000
----------------	----------------	----------------

ILLINOIS REGIONAL MEDICAL PROGRAM

Deferral including a site visit and with the suggestions of the Review Committee. Note: The Council agreed generally with the Review Committee concerning project 12 but recalled the difficulties in inter-institutional cooperation within the Region. They

recommended that the entire application be included in the site visit.

INDIANA REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

01 - \$211,516 02 - \$30,050 03 - \$32,390

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM

Approval in the revised amount and under the specific conditions set forth by the Review Committee and technical site visitors; with further clarification of the issue of future support of this project as part of the RMP.

01 - \$382,478 02 - \$223,483 03 - \$193,409

IOWA REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee.

01 - \$82,437 02 - \$94,089 03 - \$12,689

KANSAS REGIONAL MEDICAL PROGRAM

Approval

01 - \$58,051 02 - \$6,415

MAINE REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee.

01 - \$50,000 02 - \$70,000

Note: The Council expressed special interest in project 15 and urged staff assistance to the Region in further development of the activity.

MARYLAND REGIONAL MEDICAL PROGRAM

Deferral for a site visit.

#24 - Non-approval II.

#25 - Deferral

#26 - Deferral

#27 - Deferral. The Council asked that the site visitors further assess the merit of this project without the film component. They question the value of teaching films for these patients or for physicians and allied health personnel who work with them, principally because of the great variation in the physical and emotional characteristics of the individual patients and the great variety of surgical procedures resulting in the stoma.

METROPOLITAN WASHINGTON, D. C. REGIONAL MEDICAL PROGRAM

RM 00031 5/69.1 - Approval with specific recommendations of the Review Committee on projects 1R, 3R, and 35; but with 34 recommended for non-approval I.

01 - \$264,058

02 - \$213,337

03 - \$29,850

NOTE: Project 34 is considered inappropriate for RMP funding on several counts. First, the Council is generally very doubtful of the value of films for use with patients or health professionals in the management of stomas because of the great variation among patients (both physically and emotionally) and the location and function of the stoma. Secondly, the Council was not impressed with the value of this particular project as a regional effort. Thirdly, the relationships among the proposing group, the national organization of the American Cancer Society, and the Regional Medical Program, in the joint sponsorship of such a film is uncertain.

RM 00031 5/69.1 and 8/69.1 - Project 25 - Cancer Radiation Therapy Unit for Howard University.

The Council agreed to lift its previously imposed restriction on the funds approved for this project; thus allowing the grantee-affiliate (Howard University) to expend funds prior to the actual employment of a project director. They restated their condition, however, that the director appointed must be a qualified radiotherapist. The revised budget seemed to fulfill the other conditions of the award relative to expenditure ceilings for equipment. The revised direct costs are:

01 - \$273,000

02 - \$143,850

03 - \$149,572

MICHIGAN REGIONAL MEDICAL PROGRAM

Approval.

01 - \$85,730

02 - \$95,926

03 - \$107,900

MISSOURI REGIONAL MEDICAL PROGRAM

3/70.1 - Approval with specific conditions and contingencies, for three years, beginning July 1, 1970.

01 - \$2,129,133

02 - \$1,129,333

03 - \$1,129,133

The approved level for the 01 year includes \$1,129,133 for Core support and \$1,000,000 for those projects (mainly the advanced technology activities) for which the Region has requested only one year support -- projects #2R, 13R, 14R, and 49. In the 02 and 03 years, Core support is continued at the 01 year level.

The Council stated that the \$1,000,000 support for the one year renewal projects be contingent upon assurances from the Region that the recommendations of the site visit report on each advanced technology project would be generally followed.

3/70.2 - Approval with specific conditions.

The National Advisory Council concurred with the recommendations of the Review Committee, except that project #54, ODARS, was returned for revision because it was not considered to be technically ready for expansion.

The Council recommended that the approved projects receive Approval II (approval without additional new funds) in the 01 year, and Approval I (new funds) with specific conditions as described by Review Committee in the 02 and 03 years.

- Project #50 - Approval with specific conditions
- Project #51 - Approval with specific conditions
- Project #52 - Approval with specific conditions
- Project #53 - Non-approval I
- Project #54 - Non-approval II (return for revision)
- Project #55 - Approval with specific conditions
- Project #56 - Non-approval I
- Project #57 - Non-approval II (return for revision)
- Project #58 - Approval with specific conditions
- Project #59 - Non-approval I

01 - \$532,154*

02 - \$562,240

03 - \$404,848

*To be funded from unexpended balances in the grant period ending 6/30/70 and by rebudgeting from computer-oriented projects as they are phased out (including the heretofore restricted \$240,483).

MISSOURI REGIONAL MEDICAL PROGRAM (Cont)Overall Program Recommendations

1. The National Advisory Council considered the recommendations of the site visitors on not only the operational renewal and operational supplements described above, but also the overall levels of support for Missouri RMP -- including projects previously approved by Council which carry a continuation commitment. They were in general agreement with these recommendations:
 - . In the grant year beginning July 1, 1970, the site visitors recommended that approximately \$3,060,000 in new funds be made available to the Missouri RMP in the grant period beginning July 1, 1970. This total recommended level includes four components: (1) Core, \$1,129,733; (2) Renewal projects, \$1,000,000; (3) Projects #46, "Hi-Blood," approximately \$160,000; and (4) Continuation projects #25, 26, 27, 29, and 33, approximately \$800,000.
 - . The site visitors suggested that the Region use up to approximately \$940,000 in carryover funds for the support of additional subregionalization activities approved by Council -- projects #36, 37, 38, 39, 43, 50, 51, 52, 55, and 58.
 - . In the grant years beginning in July 1971 and 1972, the visitors recommended that approximately \$2.2 million and \$1.8 million, respectively, in new funding be available for the approved Core, new supplemental, and continuation projects. Council stated that these recommended levels in no way represented ceilings, and that the Region could compete for additional funding with subsequent applications.
 - . None of the advanced technology activities are recommended for support beyond the 01 year. Council pointed out, however, that if any of these activities develop sufficiently to the point that Council feels they could contribute significantly to improving the health care delivery system, and to developing regional cooperative arrangements, they could compete for future funding.
2. Council concurred with the site visitors and the Review Committee that the region be strongly urged to expand the Missouri Regional Advisory Group.

5 G03 RM 00009-02A1

In a special action, the Council reconsidered a request made in April 1968 for \$246,483 for use in project #17 - Bioengineering. Originally recommended for approval the funds have been restricted

(Continued)

MISSOURI REGIONAL MEDICAL PROGRAM (Cont)

pending the outcome of a study of the Missouri RMP such as the one just completed.

The Council now recommends release of the funds, to be rebudgeted, with DRMP approval, into any previously approved activities except Core, #2R, 13R, 14R, and 49.

NEW MEXICO REGIONAL MEDICAL PROGRAM

Return for revision, reflecting the recommendations of the Review Committee.

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM

RM 00058 3/70.1 - Return for revision, reflecting the recommendations of the Review Committee.

RM 00058 3/70.2 - Approval with specific conditions recommended by the Review Committee.

01 - \$181,300 02 - \$181,300 03 - \$181,300

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

01 - \$54,813 02 - \$23,763 03 - \$0

NORTHEASTERN OHIO REGIONAL MEDICAL PROGRAM

Approval with specific conditions.

The Council concurred with the Review Committee and the site visitors in their recommendation that this Region be awarded operational status. In reviewing the differences between the site visit and Review Committee recommendations on the individual projects, the Council has accepted those of the Review Committee. In regard to Project 9 (Summer Workshop in Career Development) the Council considers it outside the policy guidelines and thus inappropriate for RMP funds (see Section XI of these Minutes).

01 - \$786,187 02 - \$803,696 03 - \$805,221

NORTHLANDS REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee.

01 - \$121,904 02 - \$140,898 03 - \$45,941

NORTHWEST OHIO REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee.

01 - \$335,200 02 - \$0 03 - \$0

OHIO STATE REGIONAL MEDICAL PROGRAM

Approval with specific conditions.

01 - \$78,559 02 - \$75,000 03 - \$76,000

OHIO VALLEY REGIONAL MEDICAL PROGRAM

Return for revision reflecting the suggestions of the Review Committee.

OREGON REGIONAL MEDICAL PROGRAM

Approval.

01 - \$28,920 02 - \$28,180 03 - \$29,622

PUERTO RICO REGIONAL MEDICAL PROGRAM

Deferral for a site visit. The Council concurs in the recommendation of the site visit with one exception. Based on information gained on a previous site visit, the Council agrees to delegate to the site visit team the authority to investigate further and, if appropriate, recommend approval and determine the award level for project 10 -- Community Family Prevention Program on Stroke (not to exceed the amount requested).

01 - \$194,403 02 - \$193,356 03 - \$202,503

ROCHESTER REGIONAL MEDICAL PROGRAM

Approval pending endorsement of the site visitors whose visit to the Region as a whole is to take place on April 20-21, 1970.

The Council is in general agreement with the Review Committee's recommendations but would not insist on any of specified budget cuts except that of the office space costs. They believe that special nursing services and regular professional handling and transportation of these critical patients is essential and that back-up sets of the highly delicate equipment are required.

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM

Return for revision reflecting the recommendations of the Review Committee.

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

Approval with specific conditions as recommended by the Review Committee.

01 - \$595,503

02 - \$603,199

03 - \$571,160

(Figures include project 16, a budget for which has been submitted and reviewed by staff since the Review Committee meeting).

VIRGINIA REGIONAL MEDICAL PROGRAM

Approval with specific conditions recommended by the Review Committee and with special emphasis on the questions regarding the computer aspects of project 8.

01 - \$225,444

02 - \$211,225

03 - \$226,025

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

RM 00013 3/70.1 - Deferral for technical site visit to each of the three projects

RM 00013 3/70 - Special Action - Deferral, to be studied as part of the site visit recommended for the other projects. Staff is authorized to arrange for funding to maintain the program until final action is taken.

WISCONSIN REGIONAL MEDICAL PROGRAM

FM 00037 (formerly 8/69.1 and 12/69.1) - Approval in the time and amount requested, with the suggestions and recommendations cited by the Review Committee in July 1969. (See also section XI, A, 4 of these minutes).

01 - \$542,155

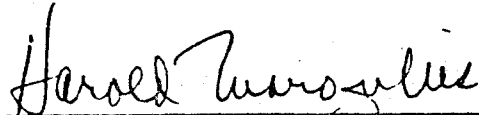
02 - \$465,305

03 - \$442,805

XII. Adjournment

The meeting was adjourned at 10:45 a.m. on April 1, 1970.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Harold Margulies, M.D.
Acting Director
Regional Medical Programs Service

- * Text of the statements and additional materials which were distributed at the meeting are available in the Office of the Council Secretary.

RECORDING OF RECOMMENDATIONS

From the Panels to the Review Committee
(On Projects Only)

Technically sound and capably directed
Feasible under specified conditions
Unapprovable on technical grounds

From the Review Committee to the National Advisory Council
(On Projects)

Approval I - Additional funds recommended
Approval II - No additional funds recommended

Non-approval I - Inappropriate for DRMP funding
Non-approval II - Revision required

No action taken - Need additional information
Need site visit
Need Council decision

(On Entire Applications)

Approval
Approval with specific conditions
Deferral
Return for Revision
Disapproval - Inappropriate for DRMP funding

From the National Advisory Council to the Administrator
(On Entire Applications)

Approval
Approval with specific conditions
(As recommended by the Review Committee or others)
Deferral
Return for Revision
Disapproval - Inappropriate for DRMP funding

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL

March 31-April 1, 1970

RMPS STAFF ATTENDING

Dr. Edward T. Blomquist, Acting Chief, Kidney Disease Program
Mrs. Marilyn Buell, Office of Grants Review
Mr. J. Edgar Caswell, Heart Disease Program
Dr. Donald R. Chadwick, Deputy Director, DRMP
Mr. Clyde Couchman, Program Assistance Branch
Mr. Spencer Colburn, Program Assistance Branch
Dr. Clifford H. Cole, Chief, Neurological and Sensory Diseases Program
Dr. Veronica Conley, Continuing Education and Training Branch
Dr. Sam Fox, Chief, Heart Disease Program
Mr. Edward Friedlander, Assistant Director for Communications and
Public Information
Mr. Charles Hilsenroth, Assistant Director for Management
Miss Dona Houseal, Office of Grants Review
Mr. Robert Jones, Chief, Programs Assistance Branch
Mr. Ted Koontz, Office of Planning and Evaluation
Mr. John M. Korn, Jr., National Clearing House for Smoking and Health
Mr. Gregory Lewis, Chief, Grants Management Branch
Mr. Ray Maddox, Program Assistance Branch
Dr. Richard Manegold, Associate Director for RMP Operations & Development
Dr. Frank Mark, Chief, Operations Research & Systems Analysis Branch
Miss Majorie Morrill, Office for RMP Operations and Development
Miss Elsa Nelson, Office for RMP Operations and Development
Dr. Stanley W. Olson, Consultant
Mrs. Martha L. Phillips, Associate Director for Grant & Contract Policy
Mrs. Jessie Salazar, Office of Grants Review
Mrs. Sarah Silsbee, Assistant Director for Grants Review
Dr. Margaret Sloan, Associate Director for Organizational Liaison
Mr. Robert Thorner, Assistant Director for Health Data

OTHERS ATTENDING

Dr. C. A. Rosenberg, Veterans Administration
Dr. Philip Donham, A. D. Little, Inc.
Mr. Charles Rosenberger, NCI/NIH
Mr. John Pendleton, NCHSR&D/HSMHA
Dr. Bernard Daitz, CHS/HSMHA
Dr. William Zukel, NH&LI/NIH
Miss Joan Fulton, OL/HSMHA
Dr. Lee Langley, NLM/NIH

NATIONAL ADVISORY COUNCIL ON
REGIONAL MEDICAL PROGRAMS

Page 24

BRENNAN, Michael J., M.D. (72)
President, Michigan Cancer Foundation
4811 John R Street
Detroit, Michigan 48201

Professor of Medicine
Wayne State University

CANNON, Bland W., M.D. (73)
910 Madison Avenue
Memphis, Tennessee 38103

Division of Neurosurgery
University of Tennessee College
of Medicine

CROSBY, Edwin L., M.D. (71)
Executive Vice President and Director
American Hospital Association
Chicago, Illinois 60611

DEBAKEY, Michael E., M.D. (72)
President and Chief Executive Officer
Baylor College of Medicine
Houston, Texas 77025

Professor and Chairman
Department of Surgery
College of Medicine

EVERIST, Bruce W., M.D. (71)
Chief of Pediatrics
Green Clinic
Ruston, Louisiana 71270

MILLIKAN, Clark H., M.D. (72)
Consultant in Neurology
Mayo Clinic
Rochester, Minnesota 55902

PELLEGRINO, Edmund D., M.D. (70)
Vice President for the Health
Sciences and Director of the Ctr.
State University of New York
Stony Brook, New York 11790

POPMA, Alfred M., M.D. (70)
Regional Director
Mountain States RMP
525 West Jefferson Street
Boise, Idaho 83702

ROTH, Russell B., M.D. (73)
240 West 41st Street
Erie, Pennsylvania 16508

Vice Speaker of the House of
Delegates, AMA

SHANHOLTZ, Mack I., M.D. (70)
State Health Commissioner
State Department of Health
Richmond, Virginia 23219

TREEN, Mr. Curtis (71)
Director
Pension and Insurance Dept.
United Rubber, Cork, Linoleum,
and Plastic Workers of America
87 South High Street
Akron, Ohio 44308

WYCKOFF, Mrs. Florence R. (72)
243 Corralitos Road
Watsonville, California 95076

CHAIRMAN

Dr. Joseph T. English
Administrator
Health Services and Mental
Health Administration
5600 Fishers Lane
Rockville Maryland 20852