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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 the Meeting  
May 26-27, 1969

National Institutes of Health  
Office of Regional Medical Programs  
Building 31

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of Sixteenth Meeting 1/ 2/

May 26-27, 1969

The National Advisory Council on Regional Medical Programs convened for its sixteenth meeting at 8:30 a.m., Tuesday, May 26, 1969, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Stanley W. Olson, Director, Division of Regional Medical Programs presided for the Administrator, Health Services and Mental Health Administration, who was unable to be present for all of the meeting.

The Council members present were:

Dr. Michael J. Brennan  
Dr. Bland W. Cannon  
Dr. Michael E. DeBakey (5/26 only)  
Dr. Bruce W. Everist  
Mrs. Florence S. Mahoney  
Dr. Clark H. Millikan

Dr. Edmund D. Pellegrino (5/26 only)  
Dr. Alfred M. Popma  
Dr. Russell B. Roth  
Dr. Mack I. Shanholtz  
Mr. Curtis Treen  
Mrs. Florence R. Wyckoff

The liaison member attending was:

Dr. A. Earl Walker, NINDS (5/26 only)

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

I. CALL TO ORDER AND OPENING REMARKS

Doctor Olson called the meeting to order at 8:30 a.m.

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- 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.

II. ANNOUNCEMENTS

Dr. Bland Cannon, Mrs. Florence Mahoney, and Dr. Russell Roth were introduced by Doctor Olson as the (along with Dr. Anthony Curreri who was unable to attend) new Council members.

III. CONSIDERATION OF FUTURE MEETING DATES

The date of August 26-27, 1969, for the next meeting was confirmed. Dates for the following two meetings are scheduled for December 16-17, 1969, and March 31-April 1, 1970 (this meeting being changed from March 23-24).

IV. CONSIDERATION OF MINUTES OF THE FEBRUARY 1969 MEETING

The Council unanimously recommended approval of the February 20-21, 1969, meeting as written.

REPORT BY MR. IRVING LEWIS, DEPUTY ADMINISTRATOR, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Mr. Lewis reported to the Council on the recent round of meetings in preparation for a report of the Health Task Force to advise the Secretary of DHEW. Planning was begun by teams constituted to represent the various interests of the health-related activities of the Department. These teams in turn reported to the Task Force which includes Doctor English, Doctor Marston, Mr. C. C. Johnson, and the Surgeon General. The first reports of the Task Force were discussed and presented to Mr. Veneman and Mr. Finch at a conference at Camp David, Maryland. The planning team on the Organization and Delivery of Health Care, which included consideration of Regional Medical Programs is chaired by Mr. Karl Yordy and includes Mr. Peterson of RMPS. Mr. Lewis reported briefly on the meeting at Camp David, particularly as it related to the future of service programs such as RMP and their part in the Department's plans for affecting the spiralling costs of delivery of medical care.

At Doctor Olson's request, Mr. Lewis reviewed the immediate goals for Health Services and Mental Health Administration as seen by Doctor English and his staff. These include a concentration of effort on "primary care" with the principal aim of keeping people out of hospitals and extended-care facilities.

Mr. Lewis also gave a brief rundown of the status of legislation relative to the programs of the Health Services and Mental Health Administration. At the present time only the extension of the Hill-Burton legislation is under active consideration. He reported that, in the coming year or two, attention to health in the next year or two will be "limited." In response to a question concerning

RMP extension legislation, Mr. Lewis said he felt there could be no firm answer until an Assistant Secretary for Health and Scientific Affairs is finally appointed. He indicated, however, that in his view the Regional Medical Programs Service could comfortably use another year of experience before reporting to the Congress and that having this come after a possible consolidation of CHP activities would not be at all harmful. Several members of the Council expressed a different viewpoint and consider a delay in requesting extension of Regional Medical Program legislation as representing a serious threat to the Program.

V. A REGIONAL MEDICAL PROGRAM SERVICE REPORT

A. The Completion of FY 1969

Doctor Olson presented the Division's plans for the utilization of the balance of funds remaining for FY 1969. He showed that out of the \$72 million which was available for grants in FY 1969 that the year will end with a balance of \$21.5 million in Council approved but unfunded Regional Medical Program applications. This balance remains even though an additional \$4.8 million was made available to fund operational supplements which would otherwise have added to this total. It was also reported that the year would end with all but 15 of the 55 Regions in operational status. Of those 15, four have initial operational applications recommended to the Council for approval at this meeting which, if approved, will be funded immediately after the beginning of the new fiscal year.

B. The Present Outlook for 1970

Doctor Olson reported on the status of the Administration's budget for 1970 which as presented to the House Subcommittee includes \$93.5 million for Regional Medical Program grants. It was shown that this amount of money, in addition to meeting the commitments for future funding at the present level, will allow just under \$20 million for "new" activities in 1970. According to the best estimates of the Division about \$7.25 million of this balance will be required to provide operational grants to the 15 remaining Regions (including the four to be acted upon today). Therefore approximately \$12.7 million will remain for funding of new activities in on-going Regional Medical Programs and for any possible funding of multi-program grants under the new Section 910 authority.

Doctor Olson reported briefly on the progress of the reorganization of Regional Medical Programs Service mentioning especially the Nutrition Program and its implications for Regional Medical Programs.

C. Multi-program Service Grants - Implementation of Section 910

The Division plans for the use of the multi-program grant authority as approved by the Council at its meeting in February 1969, were reviewed and a list of preliminary abstract proposals received by the Division was presented.\* Relative priorities among kinds of activities represented by these proposals and between these grants and further funding of the Regions were discussed briefly. Doctor Olson indicated that he would appoint a committee of the Council to consider plans for multi-program grants and to look more closely at the kind of activities proposed.

Prominent among the present proposals is one submitted through the California Regional Medical Program which proposes a broad-scale study of the drug clofibrate in the control of coronary heart disease. It would involve cooperative arrangements among four western Regions (Intermountain, Oregon, California, and Washington/Alaska) and the total request for the first year of the five proposed is \$5,170,900. This preliminary proposal had been reviewed in depth by staff and by Doctor Pellegrino. He commented on the great need for a study of this kind of cholesterol-lowering drugs in order to avoid the pitfalls and lingering indecision that has surrounded the use of anticoagulants. He further commented on the study protocol as being complete, feasible, well-controlled, and statistically sound. He then cited a number of serious questions relevant to the actual undertaking of such a study. These included the difficulty in controlling other variables such as hypertension, diet, stress, and patient cooperation; the ethical questions raised in such a double-blind study; and the possible toxic side reactions to the drug. He also mentioned the questionable procedure of studying a specific drug when the value of the general effectiveness of lowered cholesterol in the control of coronary disease is still unproven. He further mentioned the complete uncertainty of the cost-benefit ratio in launching such a study as well as the very high absolute cost of this particular proposal.

Doctor Pellegrino raised further question concerning the relation of this study to activities in other investigations, particularly at the National Heart Institute, of coronary disease and related problems. He concluded that any such activity as this would require intensive investigation and study by people experienced in fields directly related to it, including cardiologists, epidemiologists, and statisticians. Doctor Pellegrino's impressions were generally supported by the other members of the Council and it was agreed that it should be looked at in depth by a subcommittee of the committee for multi-program grants (which had been mentioned by Doctor Olson) before a formal proposal is to be considered.

VI. PLANS AND PREPARATIONS FOR LEGISLATIVE EXTENSION

Mr. Peterson reported briefly on the Division's efforts toward the evaluation of Regional Medical Programs to date, on a national

basis, in preparation for the request for extension of legislative authority. He also reported on the ad hoc advisory group on assessment of RMP and on a recent meeting of a subcommittee of that group which is considering legislative issues. Doctor Everist who is a member of the former and Doctor Cannon a member of the latter, reported briefly on their part in these efforts. At the request of Doctor Olson, Doctor Cannon, who has a special understanding of the relationships between Regional Medical Programs and Comprehensive Health Planning especially in his home area of Memphis, presented his concept of this relationship and its workability not only in Memphis but potentially throughout the Nation.

VII. DISCUSSION OF ALTERNATIVE MECHANISMS FOR APPLICATION, REVIEW, AND FUNDING OF REGIONAL MEDICAL PROGRAM GRANTS

A. Definitions of Program Components

Recognizing the need for better identification of the activities of Regional Medical Programs which are in general supported out of the "core" budgets, in February the Council requested staff to work toward the development of a scheme for the better delineation of all grant-supported activities. In response to Council's request, Mrs. Phillips proposed definitions of four categories of Regional activities under which all activities in existing Regions could be classified. These are: program direction and professional services which include the salaries and supporting costs of the central and area staffs established for Regional Medical Programs; central regional resources which include evaluation units, data collection and processing units, regional continuing education resources, etc., which are created by the grant and will require grant support as long as they serve the Program of which they are part; feasibility studies which are specifically definable planning activities requiring a special allocation of funds but which are time-limited and do not represent a continuing cost to the Regional Medical Program; and operational projects which when completed can be shown to have identified and met a need in the Region so that it can be continued from local funding resources, can be followed-up by a new project approach, or be terminated. Mrs. Phillips reported that these definitions had been tried on an experimental basis in seven operational Regions and in general had been found by the Coordinators and their staffs to be quite workable. The Council found them acceptable and urged the Division to move ahead in assisting operational Regions to organize their on-going activities accordingly.

B. Anniversary Assessment - A third stage in Regional Development

Also in response to the interest expressed by the Council at its February meeting, the staff has further pursued its proposal for a reorganization of the review of Regional Medical Programs and

"anniversary review system" which was contained in a very preliminary report to the Council in February.\* Essentially, it provides for an arrangement by which a Region can be thoroughly reviewed on a regular basis both for continuation of its on-going activities and for the addition of supplemental projects and studies; enjoy the security of being classified as a region with a commitment for continued funding at a certain annual level; and utilize to a greater extent its own review process and RAG approval for program flexibility in the intervals between its regular anniversary review at the national level.

Doctor Olson then presented to the Council an analysis of all 55 Regions which includes their present level of grant funding, the total population they serve,\* and an illustrative funding level for each Region based upon a simple formula relating to that total population and adjusted for population density and incidence of poverty. This he described as one basis for deciding on a reasonable distribution of some \$68,000,000 among the 55 Regions to cover the continuation of the Programs' minimal needs for direction, planning, professional services, and a small number of operational projects. Such a distribution would assure the continued, although probably uneven, development of the program nationally. All of the monies available for grants in excess of the \$68,000,000 could then be disbursed each year on the basis of regional progress, individual project excellence, and national priorities.

The Council was unanimous in expressing serious concern with any fiscal plan which would appear to relate Regional Medical Program funding to a nationally announced formula. Principal among their concerns were (a) that it would carry the impression that some decision has been made as to the needs of the program and thereby established a level at which an effective program could be carried on; and (b) that it appear to substitute an arbitrary decision-making for review by peer groups and recommendation by the Council based on the quality of proposals. It was stressed repeatedly that as a growing program the Service should avoid, at all costs, creating the impression that a "reasonable cost" of Regional Medical Programs has been, or indeed can be, established on the basis of present knowledge; or the equally erroneous impression that an amount of money, arbitrarily arrived at by formula and awarded as such, could adequately serve to meet the needs of the Region as an additive to an already existing bloc support grant.

The consensus of the Council was that a formula basis for funding Programs not be considered further by the Division and that before undertaking any formal steps toward the creation to a new grant format, that the Division consider the authority now available to it in meeting the needs for anniversary review or some variation of it. The Council was generally supportive of the value of regularly occurring anniversary reviews and was concerned that any change which might inhibit the generation and submission of all good, imaginative, and



regionally-feasible projects.

VIII. REPORT OF THE AD HOC GROUP TO CONSIDER REGIONAL  
MEDICAL PROGRAMS PROJECTS FOR DOSIMETRY SERVICES

Dr. Michael Brennan reported on the one day meeting of this group,\* which he chaired, and which on the basis of their deliberations recommended Guidelines for review of applications from Regional Medical Programs for projects of this kind. The Committee consisted of:

Michael J. Brennan, M.D., Chairman  
President,  
Michigan Cancer Foundation  
Detroit, Michigan

James H. Nickson, M.D.  
Health, Dept. of Radiotherapy  
Michael Reese Hospital  
Chicago, Illinois

Juan Del Regato, M.D.  
Medical Director  
Penrose Cancer Hospital  
Colorado Springs, Colorado

Robert J. Shalek, Ph.D.  
Professor of Biophysics  
University of Texas  
Houston, Texas

Robert Loevinger, Ph.D.  
Chief of Dosimetry Section  
National Bureau of Standards  
Department of Commerce  
Washington, D. C.

Kent T. Woodward, Ph.D.  
Program Dir. for Radiation  
Extramural Activities  
National Cancer Institute  
Bethesda, Maryland

The Council expressed its appreciation to Doctor Brennan and the other members of the group, and unanimously endorsed the recommendations. (These are presented as a part of Section IX-B of these Minutes).

IX. REGIONAL MEDICAL PROGRAM GRANT APPLICATIONS

A. Review and Recommendation Made by the Council in February

Mrs. Phillips reviewed with the Council the recommendations which they had made in February which are listed in the minutes of that meeting and which now have been made available for the guidance of all applicants.

B. Specifically Identified Issues Represented in the Group  
of Applications to be Reviewed by Council at this Meeting

1. Problems and Role of Regional Medical Programs  
in Large, Complex Metropolitan Areas

The Council reviewed the presentation by staff\* and expressed with the description of the problem and the issues posed. There was, some discussion of the appropriateness of the Regional Medical Program

and the suggestion that RMPS might have a somewhat different role and that a different approach and strategy would be required to achieve "regionalization" among the extensive variety of health care facilities which exist in high density population areas. Several members agreed that it might be impossible for the Council to undertake the delineation of specific policy recommendations in relation to this problem as they have with the more specific well-defined issues presented to them. They did, however, suggest there perhaps was a need to supply Council with a set of general suggestions which the Council might endorse and offer for the guidance of Regional Medical Programs.

2. Regional Medical Programs Participation in Projects Related to Chronic Renal Disease

Recognizing the complexity of treating chronic renal disease and the enormous cost of mounting a service program even in a restricted locale, the Council recommends that Regional Medical Programs grant funds awarded to projects in chronic renal disease be limited to support of those projects which provide for:

- . Training of physicians, nurses, and technologists for management of chronic renal disease patients, and
- . Regional planning for a coordinated Regional approach to prevention, diagnosis, and clinical management of renal disease.

3. Health Manpower Recruitment, Training, and Continuing Education

Basic Training of Allied Health Personnel

The Council recommends that Regional Medical Programs grant funds for basic training <sup>1/</sup> of allied health personnel be limited as follows:

- . For projects which meet the criteria for funding which are set forth in the Guidelines <sup>2/</sup> and discussed further in the Council recommendations of February 1969 <sup>3/</sup>; and

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<sup>1/</sup> Defined for purposes of Regional Medical Program grants as training required for a certificate, diploma, or degree, or which otherwise leads to the fulfillment of the experience and education requirements for initial entry into a health career.

<sup>2/</sup> Guidelines, Supplement #1 - Expanded Statement on Education & Training,

<sup>3/</sup> News, Information, and Data, Volume 3, Number 175, May 13, 1969, National Advisory Committee Speaks to Six Issues Re Components of Program Activities.

For training related to newly developed technologies or new modalities of diagnosis and treatment for which no standard curriculum is yet recognized and no minimum national standards for certification or licensure are yet established; and which is not generally part of the regular offerings of the health-related educational and training system of hospitals and/or technical schools, junior and senior colleges.

This restriction on use of Regional Medical Programs funds will be limited to the actual costs of provision of the training and for payment of student support and assistance.

Regions are encouraged to use both professional staff assistance and direct support of special planning studies to encourage educational institutions (technical institutes, public adult education resources, extension programs, junior and senior colleges, and hospitals) in conjunction with the resources for clinical experience, to provide new educational and training opportunities in the established allied health disciplines and to add new disciplines; but only after they are fully identified as essential to the provision of a recognized service to patients.

At the National level, the Division further proposes to encourage the incorporation of these disciplines into the various training and education systems, such as those which set standards, approve curricula, and aid in counselling and recruitment; as well as those which assist in the financing (Federal and non-Federal) of allied health career programs.

In implementing this recommendation, the Division will ask the Council to consider the various disciplines separately and will base specific limitations on their judgment whether a discipline falls into the category described.

#### Training of Cytotechnologists

Upon recommendation of the Council, the Division has identified Cytotechnology as an established allied health discipline. Its training programs are approved by the American Medical Association Council on Education when properly recommended by the profession, and graduates are certified for practice by a nationally recognized examination administered by the profession. The techniques of exfoliative cytology are now of universally recognized value in screening and diagnosis of pathologic states.

Therefore, in line with general policy relative to support of established programs and in keeping with above policy guidelines on training, the Council recommends that Regional Medical Programs and training of cytotechnologists, either as a grant for an independent project or as part of a project demonstrating the application of exfoliative cytologic techniques to patient care.

### Health Manpower Recruitment

In recognition of the nationwide need for more and more competent allied health personnel, the Council reaffirms its policy of support for effective Regional Medical Programs activities directed toward meeting those needs. However, a direct relationship between specific recruitment efforts at the high school level and increases in qualified health personnel is difficult to demonstrate; and the real impact of a recruitment project on the care of patients is often remote or obscure. The Council, therefore, recommends that further support of such projects with Regional Medical Programs funds be granted only when a project is related to a clearly focused (specialized) short-range approach to the critical needs of a region, and

- Has the documented committed support not only of the sponsoring agencies, but of the Region's hospitals, schools, and colleges whose cooperation is essential for the success of the immediate project and its continuation after Regional Medical Programs support can no longer be made available;
- Includes a plan for evaluation of the impact of the program on the rate of production of trained health manpower;
- Is directed at special population groups, especially those who do not usually seek, or have available, opportunities for training or education beyond secondary school.

### Dial Access Audiotape Projects

The technique of direct telephone access to pre-recorded tapes on selected topics of interest to physicians and allied health personnel is becoming increasingly popular in Regional Medical Programs. The Council recommends that proposals for projects of this kind meet the following criteria before being referred for review as part of a Regional Medical Program application:

- The application should contain an explanation of the way in which the project fits into the total regional education effort for physicians and other health professionals.
- Proposed evaluation of the service must involve its receptivity and value to the professionals in their practice. The mere measurement of numbers of the incoming calls is insufficient.
- When the request includes the establishment of an independent network (in contrast to sharing an already established facility), the application should include a plan for the hardware investment which includes the cost of a new network as well as a plan for long-term use of the network.

- There must be a plan (both long and short-range) for the development of the tape library, justifying any decision to make rather than share or purchase tapes; for the selection of subject matter; and for the identification of target groups (i.e., physicians, nurses, etc.).

#### 4. Radiation and Dosimetry Services

In accordance with the recommendation of the Council in its February meeting, and Ad Hoc Committee on Radiotherapy Dosimetry Services was convened on April 8 to discuss the general subject of radiotherapy consultation and dosimetry services in Regional Medical Programs and to provide guidance to the Council for the review of proposals in this area. The following are the Committee's recommendations -- approved by the Council -- of what should be included in proposals asking support of radiotherapy consultation and dosimetry services:

- Indication of the applicant's intention to participate with representatives of other specialties involved, in a multi-disciplinary approach to the treatment of cancer patients.
- Assurance that the radiologists who are to receive the dosimetry service are adequately trained in radiotherapy or are willing to accept clinical consultation and assistance from the Radiotherapy Department providing the dosimetry service.
- Indication of measures to be taken to assure accurate record keeping, careful follow-up of each patient, continuity of care, and feedback of information on length and quality of survival.
- Assurance that there will be regular monitoring of all radiotherapy equipment, including calibration of the calibration instruments themselves.
- Indication of plans to make the dosimetry and calibration services self-supporting within a relatively short period of time.

C. Consideration of Applications <sup>1/</sup>

1. Four initial operational awards were recommended:

BI-STATE REGIONAL MEDICAL PROGRAM

In recommending approval the Council concurred with the Review Committee except in regard to project #4 - Stroke Unit - for which the first year was reduced to approximately \$72,800, deleting equipment, hospitalization, and certain related personnel positions. Future year funding remained the same. Projects #1, #3, and #6 are to be returned for revision.

The following totals for the supplement to the core component and three approved projects (#2, #4, and #5) resulted:

01 - \$365,728; 02 - \$287,667; 03 - \$298,268.

MISSISSIPPI REGIONAL MEDICAL PROGRAM

The Council concurred with the recommendations of the site visitors, to whom the responsibility had been delegated. They further recommended, however, that action on Project #8 be deferred pending further study, by the Council, of projects of this kind.

The following totals include funds for the core component (excluding the earmarked feasibility studies) are eight projects:

01 - \$977,240; 02 - \$631,134; 03 - \$657,066.

NORTHWEST OHIO REGIONAL MEDICAL PROGRAM

5/69.1 - The Council concurred with the Review Committee in recommending the following total award which includes funds for six projects:

01 - \$567,070; 02 - \$528,026; 03 - \$605,455.

5/69.2 - Request for expansion of staff was also recommended. Six months only.

01 - \$65,200 (Six month amount)

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All amounts are direct costs only and unless otherwise specified refer to 12-month period.

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

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee in recommending approval of an initial operational award to this region. They further recommended, however, that final award of funds for project #4 be deferred pending further study, by the Council, of projects of this kind.

The following totals include funds for the core and five projects:

01 - \$934,041; 02 - \$944,376; 03 - \$917,363.

2. The following regions have been recommended for awards to renew all or portions of their operational grants and, in some cases, to add new project components.

CALIFORNIA REGIONAL MEDICAL PROGRAM

5/69.1 - The Council failed to concur with the recommendations of the site visitors and the Review Committee and recommended funding of project #7 for one year only, at the current level - \$336,000.

5/69.2 - The Council concurred with the Committee in recommending approval of project #35, as requested; and deferral of the balance of the application.

01 - \$178,840; 02 - \$183,792.

5/69.3 - The Council concurred with the Review Committee and site visitors and recommended an award to include funds for the 10 components of core.

01 - \$3,449,000; 02 - \$3,796,780.

2/69.1 - The Council concurred with the Review Committee in their recommendation for approval in a reduced amount; and agreed that this project is within the relevant guidelines adopted by them at this meeting.

01 - \$435,841; 02 - \$382,833; 03 - \$406,389.

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee in recommending an award to include funds for three projects. The budget for

one (#13) requires downward negotiation as prescribed. The award may not exceed:

01 - \$284,035; 02 - \$164,680; 03 - \$175,274.

2/69.1 - In recommending approval of this project, the Council found it to be within the relevant guidelines. The amount is to be adjusted downward by elimination of the costs related to the computer network. The award may not exceed:

01 - \$324,988; 02 - \$258,557; 03 - \$268,371.

#### KANSAS REGIONAL MEDICAL PROGRAM

In concurrence with the Review Committee, the Council recommended approval of an award to include funds for renewal of three projects (#1, #3, and #4) for three years and initiation of one additional project (#37) for three years.

01 - \$417,341; 02 - \$413,667; 03 - \$473,951.

#### MISSOURI REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee's recommendation for renewal, for two additional years of project #33, for disapproval of #40 and #42, and to return #41 for revision.

01 - \$240,961; 02 - \$246,943.

#### NEW JERSEY REGIONAL MEDICAL PROGRAM

Approval for renewal of the core component of the program was recommended, in concurrence with the Review Committee.

01 - \$638,000; 02 - \$668,700; 03 - \$699,100.

The Council was unwilling to consider the request for the supplemental request for staff for Model Cities planning without the advice of the Review Committee.

The Council concurred with the Review Committee in recommending the approval of the continuation of two of the four feasibility studies



(#6 and #9) as operational projects; and of one additional project (#11).

01 - \$428,717; 02 - \$144,794.

OREGON REGIONAL MEDICAL PROGRAM

In concurrence with the Review Committee, the Council recommended renewal of the support of the core component of the program and approval of two new projects (#13 and #14).

01 - \$228,106; 02 - \$248,702; 03 - \$269,050.

TEXAS REGIONAL MEDICAL PROGRAM

5/69.1 - In concurrence with the site visitors and the Review Committee the Council recommended approval of an award to include funds for five projects.

01 - \$286,424; 02 - \$289,851; 03 - \$163,960.

5/69.2 - The Council concurred with the Review Committee in recommending an award to include funds for renewal of support of the central coordinating office, the eight planning bases, and 11 of the 12 operational projects. At the request of the region the commitment for the second and third years for the planning bases was not included in the recommended award.

01 - \$1,862,585; 02 - \$961,180; 03 - \$782,564.

5/69.3 - Further, the Council endorsed the Review Committee's recommendation of funding for seven of the nine projects included in this application.

01 - \$431,034; 02 - \$385,405; 03 - \$304,751.

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee in recommending approval of an award to renew project #2 for three additional years; and to approve project #10 for three years only.

01 - \$233,143; 02 - \$224,180; 03 - \$215,012.

3. The Council deferred action on three applications for renewal of grants in support of all or portions of regional programs, for further review by the Committee and/or site visitors. They delegated to the staff the authority to extend support of ongoing activities in these regions, as necessary to maintain program integrity, until formal action on the renewal applications can be taken.

Albany Regional Medical Program  
Arizona Regional Medical Program  
Memphis Regional Medical Program  
North Dakota Regional Medical Program

4. The Council concurred with the Review Committee in recommending action on a number of applications from operational Regional Medical Programs for supplemental projects.

Arkansas Regional Medical Program

01 - \$167,956; 02 - \$78,606; 03 - \$78,080.

Florida Regional Medical Program

No supplemental funding and prohibition of use of existing RMP funds for project #18.

Greater Delaware Valley Regional Medical Program

01 - \$197,401; 02 - \$158,362; 03 - \$159,387.

Indiana Regional Medical Program

01 - \$40,428; 02 - \$36,947; 03 - \$38,720.

Maryland Regional Medical Program

No funds and prohibition of use of existing Regional Medical Program funds in both #17 and #18.

Mountain States Regional Medical Program

01 - \$96,593; 02 - \$98,023; 03 - \$101,933.

North Carolina Regional Medical Program

01 - \$219,162; 02 - \$218,153; 03 - \$196,152.

5/69.1 and 5/69.2

01 - \$411,749; 02 - \$376,206; 03 - \$28,947. Use of any

RMP funds in project #24 is prohibited.

5/69.3

No funding

Washington/Alaska Regional Medical Program

5/69.1

01 - \$681,544; 02 - \$595,847; 03 - \$151,163. Use of any RMP funds in projects #30 and #33 are prohibited.

5/69.2

No funding.

5. In recommending action on applications from the following regions, Council differed slightly from the Review Committee.

GEORGIA REGIONAL MEDICAL PROGRAM

Although they were in agreement with the Committee concerning the desirability of a site visit to this region sometime during the summer, the Council recommended that those projects about which there were no substantive questions be approved now (as specified by the Committee) rather than after the visit. The effect was the recommendation of an award for projects #18S, #19, #20, #22, #23, #24 and #28 in amounts not to exceed:

01 - \$350,000; 02 - \$350,000; 03 - \$350,000.

IOWA REGIONAL MEDICAL PROGRAM

Council agreed with the Review Committee in approving both the core supplement and project #13, but specified that both be funded in the amounts requested:

01 - \$196,558; 02 - \$190,573; 03 - \$53,240.

METROPOLITAN, D.C. REGIONAL MEDICAL PROGRAM

The Council agreed with the Review Committee in approving the region's request for funding for projects #23 and #26. In the latter (#26) approval education, and for projects #23 and #26. In the latter (#26) approval

is contingent upon the hospitals' willingness to pay the nursing salaries. Project #25 was also approved, pending the favorable recommendation of expert site visit team and in an amount deemed appropriate by the team. Project #22 was also recommended for approval in a reduced amount (\$150,000 per year) for two years only, with a major portion of the reduction to be applied to personnel, particularly the academic positions.

In concurring with the recommendation for revision of #24, the Council suggested that assistance be provided either by staff or by outside consultants. Project #21 was disapproved and no RMP funds are to be used for the project.

Approved amounts do not include any funding for project #25.

01 - \$467,387; 02 - \$364,818; 03 - \$171,585.

#### MICHIGAN REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee in its recommendations on this application and, in addition, delegated the authority to staff to add funding in an amount sufficient to provide continuity of project #15 until a site visit can determine whether it should be renewed or terminated.

01 - \$486,714; 02 - \$492,530; 03 - \$487,771.

#### NEW MEXICO REGIONAL MEDICAL PROGRAM

In concurring with the Review Committee's recommendation for approval of this project, the Council specified that the award be contingent upon the Region's submission of an acceptable plan for evaluation of the project.

01 - \$59,237; 02 - \$61,223.

#### OHIO VALLEY REGIONAL MEDICAL PROGRAM

The Council concurred with the Review Committee's recommendation on projects #8, #10, and #11. In regard to project #9, they recommended that the application be returned to the region with encouragement to revise and resubmit along the lines of the guidelines recommended by the special radiation therapy committee which were endorsed by the Council at this meeting. Project #7 was recommended for approval for two years only at a level of \$200,000 per year pending the submission of a budget and a proposal to work to that budget which can be re-reviewed

01 - \$305,000; 02 - \$342,654; 03 - \$342,654.

ROCHESTER REGIONAL MEDICAL PROGRAM

Council was not willing to arrive at a final recommendation on this application on the basis of the information at hand and recommended its reassessment by the Review Committee.

TENNESSEE/MID-SOUTH REGIONAL MEDICAL PROGRAM

5/69.1 - The Council concurred with the recommendations of the Review Committee.

01 - \$154,458; 02 - \$136,755; 03 - \$130,922.

2/69.1 - The last recorded recommendation of the Review Committee on Project #40 was for deferral. The Council believes that in the light of the project's fulfillment of relevant guidelines, the recommendation of approval is in order.

01 - \$103,658; 02 - \$37,024; 03 - \$38,530.

6. Two special actions were taken by the Council in approving supplements to the planning grants in two Regions:

PUERTO RICO REGIONAL MEDICAL PROGRAM

Council approved a request for an increase in core staffing which requires a second year planning grant award of approximately \$18,000 above the amount committed. One year only.

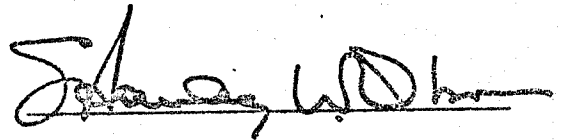
NORTHEAST OHIO REGIONAL MEDICAL PROGRAM

Council approved a request for expanded core staff and for the initiation of one study which will require a planning grant for the second grant period of approximately \$127,600 more than the amount committed. One year only.

X. ADJOURNMENT

The meeting was adjourned at 3:00 on May 27, 1969.

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

A handwritten signature in dark ink, appearing to read "Stanley W. Olson", written over a horizontal line.

Stanley W. Olson, M.D.  
Director  
Division of Regional Medical Programs

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

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

May 26-27, 1969

PUBLIC HEALTH SERVICE OFFICIALS ATTENDING

Dr. Lionel Bernstein, Veterans Administration  
Dr. Joseph English, Administrator, HSMHA  
Mr. Irving Lewis, Deputy Administrator, HSMHA

OTHERS ATTENDING

Dr. J.H.U. Brown, NIGMS  
Mr. David Kefauver, NLM  
Dr. Helmut Mueller, DRG  
Miss Pauly Stephan, NCI  
Mr. William J. Zukel, NHI

DRMP STAFF ATTENDING

Mr. Nicholas Cavarocchi, Financial Management Officer  
Dr. Donald R. Chadwick, Deputy Director, DRMP  
Mr. Cleveland Chambliss, Assistant to the Associate Director  
for Organizational Liaison  
Miss Cecilia Conrath, Chief, Continuing Education and Training Branch  
Dr. Wilfred David, Acting Director, Division of Chronic Disease  
Dr. Sam Fox, Chief, Heart Disease & Stroke Control Program, DCD  
Mr. Edward Friedlander, Assistant Director for Communications  
and Public Information  
Dr. David S. Hathaway, Acting Chief, Dialysis & Transplantation  
Program Section, DCD  
Mr. Charles Hilsenroth, Assistant Director for Management  
Dr. Clarence Imboden, Assistant to the Associate Director for  
Organizational Liaison  
Mr. Robert Lawton, Consultant to DRMP  
Mr. Gregory Lewis, Chief, Grants Management Branch  
Dr. Richard Manegold, Associate Director for RMP Operations & Development  
Mr. Roland Peterson, Assistant Director for Planning & Evaluation  
Mrs. Martha Phillips, Associate Director for Grant and Contract Policy  
Mrs. Judy Silsbee, Assistant Director for Grants Review  
Mr. Robert Thorner, Assistant Director for Health Data  
Mr. Robert Jones, Chief, Programs Assistance Branch

OTHER DRMP STAFF ATTENDING

Miss Rhoda Abrams  
Mr. Joseph Amoroso  
Mr. Kenneth Baum  
Mr. James Beattie  
Dr. Phyllis Carnes  
Mr. Roy Davis  
Miss Joy Finnegan  
Mr. Sam O. Gilmer  
Mrs. Sheila Gould  
Mrs. Eva Handal  
Mr. Walt Hangen  
Mr. George Hinkle  
Miss Dona Houseal  
Miss Margaret Hulbert  
Mr. Joe Jewell  
Dr. Bryant Jones  
Dr. Anthony Komaroff  
Mr. Ted Koontz  
Mrs. Lorraine Kytte  
Dr. Hubert Mathewson

Mrs. Patricia McDonald  
Mr. Frank Nash  
Mr. Rodney Merker  
Miss Majorie Morrill  
Miss Elsa Nelson  
Mr. Jack Pendleton  
Miss Leah Resnick  
Mr. Dale Robertson  
Mr. Richard Russell  
Mrs. Jesse Salazar  
Dr. Jack Schneider  
Mrs. Brenda Slasman  
Mr. Dan Spain  
Mr. Alphonse Strachocki  
Mr. Lee Teets  
Mr. Frank Van Hee



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Wayne State University

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Vice Speaker of the House of  
Delegates of the American Medical  
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State Health Commissioner  
State Department of Health  
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Director  
Pension and Insurance Department

WYCKOFF, Mrs. Florence (72)  
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CHAIRMAN

Dr. Joseph T. English  
Assistant Secretary  
Health Services and Mental  
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May 1969  
Grant & Contract Policies