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DIVISION OF REGIONAL MEDICAL PROGRAMS

PILOT ARTHRITIS PROGRAM

Summary Reports  
Of  
Projects

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Alabama Regional Medical Program

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Birmingham, Alabama 35205

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## ALABAMA REGIONAL MEDICAL PROGRAM

### ARTHRITIS PILOT PROJECT - #95

#### A Model Center to Clinic Service

#### Summary

##### a) Objective of the Program

Increase access to and availability of high quality care in rheumatic diseases in the major population areas in Alabama.

##### b) Nature and Locale of the Activities

The establishment of clinics in Tuscaloosa, Mobile and Huntsville health care and educational facilities; curriculum development aid for University of South Alabama College of Medicine.

##### c) Name and Address of Project Director

Gene V. Ball, M.D.  
Professor of Medicine  
Division of Clinical  
Immunology and Rheumatology  
University of Alabama  
Medical School in  
Birmingham

##### d) Methodology of Studies

Model clinics will emphasize improvement of patient access to specialty care in rheumatology. Patient care conferences will stress the various ramifications of diagnoses and treatments and serve as the educational vehicle. The laboratory in Birmingham will function as the central service laboratory. Tests to be developed include ENA, anti-mitochondrial antibody, immune complex precipitation tests, immunoassay of IgE, B, and T lymphocyte procedures, Serum DNA, and immunofluorescent immunoglobulin and complement complexes in tissues and C4 by hemolytic assay. Nurses, internists, physical therapists and occupational therapists will be integrated into these model clinics and they will serve as the education specialists in the training of others. The education of public health nurses through whom case finding will be facilitated will be emphasized. Recognition of all treatable musculo-skeletal syndromes ranging from hyperthyroidism to polymyalgia rheumatica will be stressed.

The model clinic program will be an outreach effort to extend the expert services of rheumatologists, orthopedic surgeons, occupational therapists to family practice physicians, public health nurses and existing facilities in clinics in three major population areas of the state.

An Arthritis Advisory Committee will serve as external advisors, monitors and evaluators.

e) Source of Training and Educational Curricula

The expertise of the University of Alabama in Birmingham will be employed in developing training and educational curricula for the three clinic areas. In addition to the physicians who are specialists in rheumatology, there will be occupational therapists, physical therapists and nurses involved in developing the programs and curricula. The expertise of the Spain Rehabilitation Center Rheumatology Service and their facilities will be utilized.

f) Involvement of Community Resources in Groups

The University of Alabama in Huntsville School of Primary Medical care, the University of Alabama at Tuscaloosa College of Community Health Sciences and the Department of Medicine of the University of South Alabama and facilities of these institutions and the UAB Rheumatology Laboratory will be participants in this project. There will be cooperation with the Veterans Administration Hospitals in Birmingham, Montgomery and Tuscaloosa as well as the utilization of UAB's Spain Rehabilitation Center Rheumatology Services. The University of Alabama in Birmingham Medical Information Service via Telephone (MIST) will assist in disseminating new and pertinent information.



# **Albany Regional Medical Program**

ALBANY MEDICAL COLLEGE/ALBANY, NEW YORK 12208 • (518) 445-5313

## **NORTHEASTERN NEW YORK REGIONAL ARTHRITIS PROGRAM**

The major objectives of the Northeastern New York Regional Arthritis Program are as follows:

- I. To establish two sub-regional Arthritis Diagnostic and Treatment Centers in regional areas where there is an established need for such a center, with interest shown by the local practicing physicians. The two sites chosen were Glens Falls, (Warren County) New York and Oneonta, (Otsego County) New York.
- II. To strengthen the existing Albany Medical Center Arthritis Clinic by the addition of professional personnel to form a multi-disciplinary teaching program to be made available to physicians in the 21 county region, especially the two satellite centers.
- III. To establish a diagnostic Rheumatology Laboratory available not only to the Albany Medical Center, but to the Outreach Arthritis Diagnostic and Treatment Centers.

At the outset of this program, Lee E. Bartholomew, M.D., Project Director, Professor of Medicine and Head of the Medical Specialty Division of Rheumatology, Albany Medical College, called a meeting at the Albany Medical College in which physicians from various communities in the ARMP area were invited to discuss the possibility of establishing the outreach arthritis programs. Based primarily upon apparent need and interest of local physicians, the two communities as noted above were chosen for the original arthritis programs. Glens Falls is a small city of approximately 18,000 people in a 4.1 square mile area with a population density of 4,463 per square mile. It is located 45 miles from Albany. On the other hand, Oneonta is a town of approximately 4,500 in a 33 square mile area, with a population density of 131 per square mile and located 75 miles from Albany.

I. The Glens Falls Clinic began operation in October, 1974 after arrangements had been made with the Glens Falls Hospital for clinic space and after the appointment of an assistant director of the program for Glens Falls. This physician is a board-certified internist with a concern for Rheumatologic diseases.

Prior to the first clinic, a five and one half hour invitational Rheumatology Postgraduate Program was held at the Albany Medical Center early in October, arranged by the Department of Postgraduate Medicine. Four hours AMA continuing education credit was offered. The program included discussions on evaluation of patients with rheumatic diseases, pathogenesis and treatment of rheumatoid arthritis. It also included diagnosis and management of patients with systemic lupus and polymyalgia rheumatica and diagnosis and treatment of crystal-induced synovitis. The program was attended by eight physicians from the Glens Falls area and was successful in orienting physicians of that area to the Diagnostic and Treatment Center in Glens Falls.

mately one-half day per clinic. Clinics are held in the Department of Physical Medicine where examining booths and patient waiting areas are available. Appointments are made by the secretary at the Department of Physical Medicine, while the physician-director is responsible for medical and administrative arrangements. Through the Northeastern New York Chapter of the Arthritis Foundation, volunteers have been working in the clinics providing secretarial help and other program assistance. Literature from the Arthritis Foundation is distributed to the patients visiting the clinic.

In addition to the assistant director, professional personnel at the Glens Falls clinic includes two Rheumatologists from the Division of Rheumatology, Albany Medical College, two Physician Therapists and other interested physicians who often accompany their patients. During each clinic six to eight new patients are evaluated by one of the Rheumatologists and receive complete history and physical examinations. Appropriate blood studies are drawn and sent to the Rheumatology Laboratory at Albany Medical Center, where the tests are provided. History and physical examinations are dictated and recorded on special data collecting forms which have been designed by the Division of Rheumatology. Copies of the reports are sent to the referring physician. Patients are often seen for a follow-up visit and complete evaluation of the x-rays and diagnostic tests. The interest and response to date has been encouraging, and many of the referring physicians are present during the patient's evaluation. In addition, hospital in-patients are seen in consultation upon their physician's request. One of the Orthopedists with a special interest in Rheumatologic surgery has been present and contributes significantly to the clinic.

II. The Oneonta Clinic will officially start operation in mid-January, 1975. A number of meetings have been held in Oneonta with hospital administrators and physicians who were interested in establishing such a clinic. It is anticipated that a clinic will be held one day each month initially. A board-certified internist has been appointed assistant director, with organizational responsibilities. A board-certified Rheumatologist from the Mary Imogene Bassett Hospital in Cooperstown, New York will be one of the attending Rheumatologists, and will serve as an assistant director. A member of the Division of Rheumatology from Albany Medical College will be in attendance at each clinic. A secretary has been appointed and will be responsible for all patient appointments, and the obtaining of all patient records, x-rays and laboratory tests. She will also perform the transcription of patient records.

The Oneonta Clinic also will be held in the Department of Physical Medicine where examining booths and patient waiting area is available. As in Glens Falls, it is anticipated that all patients will be referred by their physicians, many of whom will be in attendance with their own patients. At the beginning, a limit of eight new patients will be set for each clinic, thus allowing time for patient return visits. Summaries of patient evaluations will be sent to referring physicians who will provide follow-up patient care. In addition to the above mentioned personnel, other staff will consist of the regional program physical therapist and a local Orthopedist with a special interest in Rheumatology.

An invitational Rheumatology Postgraduate Program will be held for interested physicians in this area. It is anticipated that the successful operation of these clinics will demand operation at two week intervals, rather than at four week intervals as originally planned.

III. The Albany Medical Center Hospital Arthritis Clinic has become a multi-disciplinary clinic. This clinic is primarily established as a referral diagnostic; however, patients may come without physician referral. Personnel in this clinic include two interns from general medicine, one resident in physical medicine with students on the physical medicine rotation, two residents in internal medicine on the Rheumatology rotation elective, the Rheumatology Fellow and two attending Rheumatologists. Also, members of the Division of Orthopedics, two physical therapists and one occupational therapist are in attendance. Several physicians from nearby areas also participate in these clinics and arrangements are being made for physicians to make in-patient rounds either weekly or bi-weekly followed by attendance at the Arthritis Clinic. At the end of each clinic, case presentations are conducted and followed with discussion by participating physicians, residents and students.

Finally, through funding by the Albany Regional Medical Program, a Diagnostic Rheumatology Laboratory has been established. The following tests are being performed and available to all patients seen in the various clinics: rheumatoid factor by the latex fixation method, fluorescent antinuclear antibody test using mouse liver substrate with titer and patterns of fluorescence, hemolytic complement levels, synovial fluid analyses, antibody to ENA by hemagglutination and hemagglutination tests for DNA antibody.

With assistance of the ARMP Program Staff, plans are being formulated to evaluate the outreach clinics' programs to provide information that would enable these clinics to become self-supporting in the future. Specifically, negotiations will be arranged with third party payment carriers to arrange mechanisms for reimbursement to these clinics.



THE UNIVERSITY OF ARIZONA  
TUCSON, ARIZONA 85721

COLLEGE OF MEDICINE  
ARIZONA REGIONAL MEDICAL PROGRAM

ADDRESS REPLY TO:  
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5725 E. 5TH STREET  
TUCSON, ARIZONA 85711

SUMMARY

ARTHRITIS SERVICES PROGRAM  
3813 East 2nd Street  
Tucson, Arizona 85716

Director: Warren Benson  
Coordinator: Beth Ziebell

The project was proposed to develop a network (center) of diagnostic, treatment and rehabilitation services for arthritis patients and their families in the rural communities of Southern Arizona and in a presently medically underserved model cities population in Tucson.

This network will include the services of the Southwest Chapter, The Arthritis Foundation, a Tucson based member of the national organization, as well as the resources of other public and private arthritis related health services agencies throughout the area.

The project will pass on special knowledge and skills to the public and health professionals living and working in the areas to be served through demonstrations, on-the-spot training and where feasible, by bringing together varied groups to share learning experiences in workshop settings.

By the end of the proposed demonstration program, the comprehensiveness of services will be increased in Southern Arizona. This will stay with the communities, to be reinforced by continuing contacts with team personnel and agencies.

The extension of the linkages of outlying areas will demonstrate how effectively rural and urban health services can be linked to benefit the arthritis patient living distances from a major health center.

1. A Tucson Interagency Liaison Committee composed of individuals and representatives from agencies participating in network services. The Tucson Interagency Liaison Committee will meet at least quarterly during the project year. Individual committee member will be called upon to provide counsel and services to local communities. The role of the Liaison Committee is perceived as consultative and as a vital communication link with their organizations and the local committees. It will also be responsible for evaluating project progress and impact.

2. Since a major strength of this project will rest in its ability to motivate local communities to mobilize resources and to form linkages to existing services, local community committees will be formed in each participating target area:

These committees will be made up of representatives of organizations such as Health Planning Councils, Councils of Government Services, Medical Societies, hospital administrators and the Cooperative Extension Service, as well as allied health personnel, consumers, interested laymen, large employers, educators and others.

The evaluation of this project will be conducted by Pima Health Systems (PHS), an experimental health service delivery system program..

#### ORGANIZATIONS EXPECTED TO COOPERATIVELY PARTICIPATE IN PROGRAM IMPLEMENTATION

The Arthritis Foundation expects to involve the following agencies or groups in the project. The following outline describes the agencies and their expected role.



1. University of Arizona Office of Vice President for Health Sciences: Serve on Liaison Committee, Serve on Arthritis Foundation Board of Directors, Serve on Project Executive Committee, Assist with development of, and provide facilities for workshops.
2. College of Medicine (Arizona Medical Center and VA Out-Patient Clinic)
  - a. Section on Immunology and Rheumatology  
Will supervise visiting rural physicians' training program.  
Will open their facilities for physicians' training.  
Will serve on Tucson Liaison Committee - workshop participation.
  - b. Department of Pediatrics  
Serve children's clinic  
Participate in workshops
  - c. Department of Surgery  
Participate in workshops
3. Crippled Children's Service  
Provide consultation services  
Provide surgery for children
4. College of Agriculture Cooperative Extension Services  
  
Assist in the recruitment of community leadership for membership on local committees.  
Assist in the identification of patients and families needing network services.
5. Arizona Training Center for the Handicapped  
Will manufacture self-help devices and some components of home modifications.
6. Tucson Medical Center (Hospital)  
Will release allied health professionals to work in outlying areas.  
Use of facilities for physicians' in-service training program.
7. Pima County Health Department  
Tucson Liaison Committee  
Liaison to other county medical societies.
8. Pima County Medical Society  
Tucson Liaison Committee  
Liaison to other county medical societies

9. Health Planning Council  
Tucson Liaison Committee  
Ongoing review of project objectives
10. Pima Health Systems  
Tucson Liaison Committee  
Project evaluation
11. Councils of Government  
Serve on community committees
12. County Health Departments (other than Pima)  
Community committees
13. South Tucson/Model Cities Project (arm of city government)  
Serve on Tucson Liaison Committee  
Identify indigenous community leaders whose awareness and involvement in the project will increase utilization by minority groups to be served
14. United Way (Community Service Division)  
Serve on Liaison Committee  
Raise funds for continuation of program
15. Easter Seal Society  
Serve on Liaison Committee  
Transportation services
16. Sisters of Hungary Clinic  
Serve on Liaison Committee  
Referrals to clinic
17. Veterans Administration Hospital  
Lend facilities for in-service training
18. Visiting Nurses Association  
Referral of patients for clinic services  
Dissemination of educational materials
19. Arizona Regional Medical Program  
Provide ongoing fiscal supervision, program monitoring, and evaluation  
Serve on Liaison Committee
20. Department of Economic Security  
Serve on Liaison Committee  
Training and rehabilitation services  
Employment and welfare

21. KUAT Radio and TV Bureau, University of Arizona
  - Produce educational material
  - Serve on Liaison Committee
  - Enlist cooperation of outlying stations
22. A. Community colleges
  - Use project personnel as resource materials
 B. Secondary schools
  - Schedule speakers for health education classes
23. Media
  - Representatives serve on Liaison Committee and local committees
  - Provide outlet for educational programming
  - Publicize local meetings
24. Family Service Agencies
  - Serve on Liaison Committee
  - Provide services to arthritic patients and their families

SPECIFIC SERVICES:

1. CONSULTATION CLINICS: We provide visiting teams to rural communities on a regular basis.

Rheumatologist	Social Worker/Counselor
Orthopedist	Home Modification Specialist
Physical Therapist	

The team will:

- (a) Meet with the patient's physician to review case histories prior to the presentation of patients.
  - (b) Examine the patients
  - (c) Appraise medical prognosis and outline treatment
  - (d) Consultation with the patient's physician concerning not only disease management but environmental, social, mechanical factors, work simplification and the like.
2. PHYSICIAN TRAINING PROGRAM: One-week intensive clinical experience in Rheumatology in Tucson for twenty physicians from the six southern counties.

Twenty physicians from the six southern counties will participate in a one-week, intensive clinical experience in arthritis in Tucson. The physicians will be under the jurisdiction of the administration of the Arizona Medical Center. This program will include attendance in

the out-patient arthritis clinics in the Arizona Medical Center, the three existing clinics operated by the Southwest Chapter, the clinic at the Pima County Hospital, and the Veterans Administration Hospital. Local rheumatologists will invite the physicians in training to participate for one-half day in their practice.

3. WORKSHOPS - In Tucson: One day workshop experiences in Arthritis for various levels of health personnel.

Training for Allied Health Personnel  
Management of the Child with Arthritis  
Medical and Surgical Management of Arthritis  
Role of the Family of the Arthritis Patient  
Conference for Ancillary Health Personnel

4. MINI-WORKSHOPS - In rural communities: One-evening programs designed for continuing education of physicians and allied health personnel.

5. HOME MODIFICATIONS

Demonstrate through a minimum of 25 home modifications and all referred self-help device consultations to arthritis patients and health professionals living in the geographical area served by the project the value of such services.

A. To assess the patient, the family, and the home as to possible changes, innovations, and modifications, along with the prescription and purchase of materials and equipment that will make it possible for the patient to function at a higher level of independence in the home environment.

B. To make available such self-help devices as will complement the patient's behavior as previously described on a demonstration basis.

C. To collect and make available information about new developments in coordinated home care and self-help devices for the arthritis patient.

6. EDUCATIONAL MATERIALS:

Use of Mark IV projectors with cassettes illustrating handling of the patient with Arthritis.

Appropriate pamphlets for patient education

Provide professionals with existing suitable printed materials (i.e., The Bulletin on Rheumatic Disease for Physicians).

Develop radio programs and spots, conferences, and clinics focused on motivating the population to follow a prescribed therapeutic regimen in the management of arthritis.

Distribute through the Arthritis Foundation three eight-minute color films which have already been produced for use in nursing stations (as an example) to teach health personnel proper management of the arthritis patient.

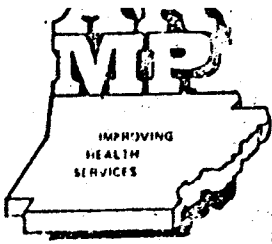
Identify 1,500 additional persons to receive the Chapter's Newsletter.

#### 7. OUT-PATIENT CLINIC:

A comprehensive service utilized by presently medically underserved patients with arthritis and their families in the Southern Tucson/Model Cities area.

To assemble a professional staff, including a part-time rheumatologist, a part-time nurse, a full-time physical therapist, a full-time resident in rheumatology, a rehabilitation counselor, and a full-time home modification specialist to provide a demonstration weekly clinic and ongoing outreach services throughout the term of the project to the South Tucson/Model Cities areas of Tucson.

Through the demonstration clinic, the patient's needs for medical care, occupational therapy, physical therapy, and activities of daily living will be assessed.



## ARKANSAS REGIONAL MEDICAL PROGRAM

Evergreen Place, Suite 215, Evergreen at University, Little Rock, Arkansas 72207

Roger J. Warner, Coordinator  
501-664-5253

Through the grant for the Arkansas pilot arthritis program the Arkansas Chapter of the Arthritis Foundation has established the goals of (1) improving the quality, availability and accessibility of medical service for arthritis patients throughout the State of Arkansas; and, (2) expanding existing, and developing new facilities and organizational structures to provide a network of interrelationships for the dissemination of information and services and for the referral of patients to the most appropriate levels of care available. To reach these goals the following objectives have been set up:

1. To inform the local primary care physician on the most modern techniques for the diagnosis and therapy of the arthritis patient. Arthritis clinics will be established in eight of the larger communities of the state (Fayetteville, Harrison, Jonesboro, Mountain Home, Camden, El Dorado, Texarkana, and West Memphis). Each of these will be sponsored by a local physician who will secure the cooperation of local area physicians in presenting patients to the clinics (hold quarterly). Five consulting rheumatologists have agreed to attend each clinic, to see patients referred, and to make chart rounds, or to hold seminars for the local physicians. To improve the care of pediatric arthritis patients a specialist in pediatric rheumatology will present a program at the State Convention of Arkansas Pediatricians in May, 1975, to insure that the pediatricians of the state are aware of the most recent developments in the detection and treatment of arthritis in children.
2. A statewide program of public education will be instituted to instill a knowledge of arthritis, the therapeutic possibilities, and the agencies and modalities available in the state for primary and secondary care. Mr. Basil Smith, educational supervisor, has been hired to provide overall direction and coordination of the public education program. He will supervise four part-time district education coordinators who will organize and work with local advisory committees in each county, coordinate an all-media educational program in each district, assist the local clinic sponsors in arranging consultative visits, and assist local physicians in arranging referrals for secondary and tertiary care. In addition, the educational coordinators will work closely with the area-wide Health

Planners, the Arkansas Rehabilitation Services and the Arkansas Social Services in order to advise patients as to the financial and rehabilitative assistance that is available to them through governmental agencies. An incoming Wats line has been installed in the Little Rock Foundation office to supply information to arthritis victims or their families as to the nature and course of the disease, and the services available to the patient, and the best method for the individual to gain access to the system. The Arthritis Foundation will contract with a public relations organization to develop an all-media educational program aimed at the arthritis patient, family and physicians. The organization will develop a series of three to five minute educational radio programs, develop a brochure outlining services presently available. A number of five minute technical tapes on arthritic diseases will be developed to be added to and used by the existing system of dial-a-tape recordings for physicians and nurses operated by the University of Arkansas Medical Center and the Little Rock Veterans Administration Hospital.

3. The Foundation plans to expand the existing program of physical therapy clinics in order to improve the quality and quantity of physical therapy services available to arthritis patients. The program has been extremely effective, but utilizing, as it has, the services of a single individual, it has been inadequate in its coverage. The Foundation will employ a graduate of the four year physical therapy course at State College of Arkansas and give him three months intensive practice in post graduate training in the care of arthritis patients at Leo N. Levi National Hospital in Hot Springs, Arkansas. After completion of training he will be assigned to the same duties as the Foundation's present therapist, permitting an expansion of the physical therapy program. It is expected that ten new physical therapy clinics will be opened during the project period.

4. In March, 1975, the Foundation proposes to conduct two 2-day demonstration workshops in arthritis physical therapy to indoctrinate the 73 physical therapists now working in Arkansas in the special techniques useful in the treatment of rheumatoid arthritis. The Project Director is Don Riggin, Executive Director of the Arkansas Chapter of the Arthritis Foundation, Post Office Box 125, Little Rock, Arkansas 72203.



# CALIFORNIA REGIONAL MEDICAL PROGRAM

(A Non-Profit Corporation)

7700 Edgewater Drive • Oakland, California 94621 • Telephone (415) 635-0290

Project No. : ROP-74E-165-154C

Date : December 3, 1974

Project Title : Development of a Juvenile Rheumatoid Arthritis Clinic  
Operating Agency: University of California at Davis  
Project Director: James Castles, M.D.  
Project Address : Department of Internal Medicine, Section of Rheumatology, U. C.  
Davis, Davis, CA 94616  
Project Staff : James Castles, M.D.; Robert Shapiro, M.D.; Barry Brian, M.D.; an  
RN; a Physical Therapist; and a Secretary

## Objectives

To establish a university-based clinic for patients with Juvenile Rheumatoid Arthritis. This will be a referral clinic directed toward providing consultative expertise to area physicians who will be encouraged to provide the primary care for arthritic children.

## Methodology

Paramedical personnel will be utilized for patient evaluations in order to maximize the time that the two available rheumatologists will have for direct patient care. Between clinic visits the paramedical personnel will perform follow-up evaluation of patients in conjunction with their primary physicians. Public and private agencies whose input might assist the arthritic child and his family will be identified and utilized in order to maximize total care. This includes the possible development of satellite clinics in the area.

## Progress

Clinics are scheduled for every other Friday at the U. C. Davis site. A referral network is being set up throughout northeastern California. Local physicians with JRA patients will be invited to attend clinics and/or send patients. During the month of November, two clinics were held and seven patients were medically evaluated and treated. Staff pediatricians participated as observers during the clinic.

## Involvement of Community Organizations

Community Involvement contact has been made with the California Crippled Children's Association and the possibility of using their school facilities as satellite clinics appears favorable. The Association has also agreed to assist in recruiting of interested physicians and in providing physical therapy consultative services.



Project No. : ROP-74E-166-154D  
Funding Period: 9/1/74 - 8/31/75

Date : December 3, 1974

Project Title : Arthritis Program for Community Hospitals  
Operating Agency : University of California Medical School at San Francisco  
Project Director : Ephraim P. Engleman, M.D.  
Project Address : Division of Rheumatology, School of Medicine, U.C.S.F., 3rd and Parnassus, San Francisco, CA 94143  
Project Staff : Brenda Spriggs, M.D.; Hope Snowwhite, P.T.; Carol Lavine and Gwen Clewley, Social Workers; Nurse; Secretary; plus a consulting staff of 11 physicians

### Objectives

To stimulate interest and train professional manpower in the care of the arthritic patient; to demonstrate exemplary arthritic patient care; and to make readily available such care in defined population areas.

### Methodology

To conduct demonstration teaching programs in selected community hospitals which are diverse in geographical location, patient population and organizational structure.

### Progress

1. Audit criteria for the following forms of arthritis have been developed and are currently in use:
  - a. systemic lupus erythematosus
  - b. gout and pseudogout
  - c. rheumatoid arthritis
  - d. ankylosing spondylitis
  - e. Reiter's syndrome
  - f. juvenile rheumatoid arthritis
2. The following hospitals have been contacted and clinic plans arranged as follows:
  - a. Valley Medical Center Regional Medical Program in Arthritis, Fresno - Working care providers will be the family practice residents and one medical student. Project assistance will be provided through the design of varied programs depending on need of the clinic and social service consultation. The clinic will meet every other week.
  - b. Chinese Hospital, S.F.; and Highland Hospital, Oakland - Project staff to conduct grand rounds with conference held once a month to follow the Arthritis Clinics with exemplary patients and/or a teaching session. Conferences are opened to general medical house staff and orthopedic residents. In-patient consultation is available depending on in-patient teaching case material.
  - c. Ft. Miley, VA Hospital - Project staff to provide consultation on in-patient teaching rounds once a week. These sessions to be attended by five (5) physicians currently providing care at the hospital. Project staff is attempting to coordinate the Physical Medicine Department with the Arthritis Clinic.
  - d. Children's Hospital, Oakland - An introductory grand rounds was conducted in November consisting of discussions on rheumatic disease in childhood, the immunological aspects of rheumatic diseases, and orthopedic aspects of rheumatic diseases. Patients will be seen by the project staff once a month in consultation rounds held by the out-patient department.

Funding Period : 9/1/74 - 8/31/75

Date : December 3, 1974

Project Title : Arthritis Patient Evaluation and Education Program  
Operating Agency: Saint Mary's Hospital  
Project Director: Richard Welch, M.D.  
Project Address : Department of Orthopedic Surgery, St. Mary's Hospital and Medical Center, Hayes and Stanyan Streets, San Francisco, CA 94118  
Project Staff : Richard Welch, M.D.; Kathy Gomez, Admin. Asst.; Patient Education Department; and a consultant staff of four physicians.

### Objectives

St. Mary's Hospital and Medical Center proposes to provide diagnostic consultation to a maximum of 85 arthritis patients. It also seeks to formulate and test a program of patient education in arthritis to be conducted in out-patient, in-patient, home, and private sector settings.

### Methodology

Under a regimen prescribed by a physician, the patient instruction program will be conducted by a team of trained allied health professionals and monitored by attending and house staff concerned with rheumatic diseases. Instruction will include all essential components of patient self care, plus assistance in utilizing community rehabilitation and occupational therapy resources.

### Progress

In order to accomplish the above objectives two teams have been developed. The first team consists of rheumatologists, orthopedists and internists. They conduct bi-monthly case conferences on the second and fourth Wednesdays of each month for the purpose of offering medical evaluation and setting long term treatment goals for both clinic and private arthritis patients. As of November 15, 1974, three conferences had been held and five patients have been medically evaluated.

The hospital's Patient Education Department and an Arthritis Patient Education Advisory Committee comprise the second team. The Patient Education Department is staffed by a Coordinator, Nurse-Instructor, Occupational Therapist, and a Clerk-Typist. The Committee consists of representatives from attending and house staff physicians, clinic nursing staff; representatives from the Physical Therapy Department and the Haight-Ashbury Health Committee. Meetings are scheduled to coincide with those of the Case Conference Team.

Educational objectives and a teaching outline for patient learning have been developed by the Patient Education Staff and modified by the Advisory Committee and are scheduled to be reviewed for approval within the month.

The team has also completed the first draft of a Nursing Assessment form which when approved will be pre-tested with several patients before presentation for general use by patients.

Date : December 3, 1974

Project Title : Arthritis Care Planning for Los Angeles County Central Region  
Operating Agency: University of Southern California  
Project Director: George Friou, M.D.  
Project Address : Clinical Immunology & Rheumatology Section, LAC-USC Medical Center,  
OCD Building, 2025 Zonal Avenue, Los Angeles, CA 90033  
Project Staff : one physician (half-time), one nurse, and one secretary

### Objectives

To obtain information needed to make rational recommendations to the Los Angeles County Department of Health Services as to how the Rheumatology Unit at USC can best meet the needs of the new County plan, to develop organizational plans and principles which can be used by other Regions in Los Angeles County in providing arthritis care, to decrease the number of patients lost to follow-up care by 5%.

### Methodology

Decentralization of services has been the thrust of health planning for the last two years in Los Angeles County. The question this project attempts to answer is whether decentralized satellite clinics are feasible for the care of arthritis patients. If so, this project must recommend where the clinics should be located and what services should be provided.

Project staff plans to develop a questionnaire which will provide comprehensive information on all the patients currently receiving care at the USC Arthritis Clinics. They will also utilize the instrument to obtain information on arthritis patients at Rancho Los Amigos Hospital, Good Samaritan Hospital and White Memorial Hospital, as these are providers of care in the Central Region. Later in the year they hope to assist Martin Luther King Jr. Hospital survey their arthritis patients.

At USC there are approximately 1,200 patients, at Rancho approximately 600, at White Memorial approximately 50 and at Good Samaritan approximately 30. Martin Luther King Jr. Hospital is a relatively new hospital in the process of developing their arthritis clinic. Many patients now at USC will eventually be referred to Martin Luther King Jr.

During the course of the year, the project staff will also attempt to reduce the broken appointment rate at the USC clinic. The nurse will telephone patients, attempt to find out why they missed their appointments, and eventually attempt to offer solutions to their problems. The staff suspects that transportation and long waiting periods in the clinic may be reasons why patients break appointments.

### Progress - 8/1/74 to 10/31/74

Thus far, the staff has been successful in developing the questionnaire that will be used for their research. Half of the instrument will be completed by the patient and the other half by the staff. Consequently, technical as well as personal information will be obtained. The tool has been pretested and will be administered on a regular basis in November.

A questionnaire has also been written for the telephone survey to patients breaking appointments. The nurse will begin her work on the project in November.

### Involvement of Community Organizations

The project has not yet been actively involved with community organizations. This may occur when the data has been collected and preliminary recommendations are being made. Presently, there is ongoing communications with the officials of each Region and with representatives of the Los Angeles County Board of Supervisors.

Date

: December 3, 1974

Project Title : Treatment and Education Program for Rheumatic Diseases  
Operating Agency: Orange County Medical Center  
Project Director: Michael Reynolds, M.D.  
Project Address : Department of Medicine, Orange County Medical Center, 101 The City  
Drive, Orange, CA 92668  
Project Staff : Physical Therapist, Occupational Therapist and a half-time nurse

### Objectives

To increase services at Orange County Medical Center Arthritis Clinic, Orthopedic Clinic and at Community Clinic (a satellite of OCMC) by directing 100 clinic visits per month to a physical therapist, 60 visits per month to an occupational therapist, and 30 patients screened per month by a nurse practitioner, to improve the patients' performance of home and self care, to increase the amount of physician service to 50 patients per month in the Arthritis Clinic, to reduce the rate of missed appointments in the Arthritis Clinic by 6 patients per month, and to conduct two professional education programs in Orange County (one for physicians and one for allied health personnel) concerned with the comprehensive treatment of rheumatic diseases.

### Methodology

The three new staff members will acquire skills related to arthritis by Dr. Reynolds and the other team members of OCMC. The arthritis team consists of two full-time rheumatologists, three consulting rheumatologists, a consulting orthopedic surgeon and a social worker. The nurse on the project will be trained to do initial screening and certain routine follow-up care. As a consequence, the physician will have more time for complex diagnostic and therapeutic problems.

### Progress

The occupational therapist, physical therapist and nurse were hired for the project in August. During the first two months the two therapists performed the following: 244 treatments of 72 patients; 18 home visits; ordering or fabricating aids on 18 occasions. All patients repeatedly attending the Arthritis Clinic at OCMC are being seen by the therapist for evaluation and revision of their personal physical therapy programs, including routine daily activities as well as formal exercises.

The nurse practitioner has assumed certain routine follow-up and screening activities in the Arthritis Clinic. Though difficult to measure on quantitative terms, her services are equal to providing an additional physician to the clinic five hours a week.

The arthritis team currently provides extensive education on home visits. Currently, the team is attempting to develop a patient education program in the clinic itself. Technical problems, such as available space for classes, are being dealt with.

### Involvement of Community Organizations

The Orange County Arthritis Foundation currently provides supplemental support for services at OCMC.

Dr. Reynolds cooperates with the arthritis program in efforts to educate both professionals and the lay community.

Project No. : ROP-74E-170-154K  
Funding Period: 9/1/74 - 8/31/75

Date : December 3, 1974

Project Title : Interdisciplinary Team for the Treatment of Arthritis  
Operating Agency: Loma Linda University  
Project Director: H. Walter Emori, M.D.  
Project Address : Department of Internal Medicine, School of Medicine, Loma Linda University, Loma Linda, CA 92354  
Project Staff : Cheryl Bailie, RN; Rheumatologist; Orthopedic Surgeon, Occupational Therapist; and Physical Therapist.

### Objectives

To establish a two-way communication channel for the referral community physician, to establish teaching programs by the Arthritis Team for the medical and paramedical personnel in the community, and to establish in the lay community an awareness, interest and involvement in arthritis care.

### Methodology

The nurse will develop the educational component of the program. She, in conjunction with other team members, will provide educational seminars on the care and treatment of arthritis to medical personnel in the hospital and the neighboring cities, and to lay people within the community. Through such educational efforts, it is hoped that an improved referral system will result, as well as better patient care. The nurse will receive training specifically related to the rheumatic diseases by Dr. Emori and the members of the arthritis team at Loma Linda Hospital.

### Progress

During September, the nurse received training related to the various types of arthritis. She was also involved in the development of educational materials to be used throughout the year.

In October, in-service programs were given to nurses at Loma Linda Hospital. The topic was rheumatoid arthritis and the staff did the presentation in the format of a skit. Seven sessions were given with approximately 300 nurses attending. Also, for the hospital staff, Dr. Emori presented a case and discussed the diagnosis of arthritis during grand rounds on November 13.

Two programs were given for the lay public. One, in the City of Paris, was for a club of over 100 retired people. The other was in Barstow and was open to the general public. Over 50 people attended.

Ms. Bailie and Dr. Emori have spent time writing two articles on arthritis which they hope to have published in magazines read by the general public. One is on arthritis in general and the other is on rheumatoid arthritis.

### Involvement of Community Organizations

The Arthritis Foundation of Riverside is actively involved with this project. They made the arrangements for the community seminars in Paris and Barstow.

Date : December 3, 1974

Project Title : Comprehensive Outpatient Evaluation and Treatment  
Operating Agency: University of California, San Diego  
Project Director: F. Richard Convery, M.D.  
Project Address : Physical Medicine and Rehabilitation, University Hospital, 225 West  
Dickenson Street, San Diego, CA 92103  
Project Staff : Physical Therapist and Occupational Therapist

### Objectives

To establish a system of cost evaluation for the Arthritis Clinic University Hospital that will identify the economic feasibility of the patient care system, to provide new services to patients at two sites in San Diego: University Hospital Arthritis Clinic and Mercy Hospital Arthritis Clinic, and to assess the comprehensive patient care system through patient evaluation.

### Methodology

The primary thrust of this project is to establish a comprehensive rehabilitation at University Hospital for patients in the San Diego area. Currently, such a program does not exist. The staff is also committed to the idea of developing a system for evaluating the progress of patients as they undergo treatment. Toward this aim, an arthritis assessment form will be developed whereby a numerical score will be assigned to various levels of physical capability. It is planned that allied health personnel will be trained to complete the forms. This method will hopefully prove to be a more objective measure of the patient's progress and needs during rehabilitative care. Also, it should demonstrate that the OT and PT are effective.

### Progress

The primary activity of this project thus far has been the development of the "Arthritis Activity Assessment" form. Numerous drafts and pre-tests were necessary to insure that the form was valid and reliable. The therapists participated in developing the form and will be the key people completing it for each patient. In December, it will be used on a regular basis for clinic patients.

This form may possibly be utilized by other RMP projects and thus serve as the primary tool for measuring the impact of the statewide arthritis program. In December, the form will be sent to Doctors Castles and Shapiro in Davis, Dr. Reynolds in Orange County and Dr. Welch in San Francisco. They will review it and decide whether it is feasible for use in their projects.

The physical and occupational therapists have thus far only been seeing patients at University Hospital. In addition to their training, it has been necessary to educate the other team members of services they can provide to patients. To help facilitate the referral process, a list is being developed which outlines the services of an OT and PT. This list will be stamped on a page in the patient's chart. The physician will check the services needed and sign the form. Not only will this assist the OT and PT, but it will be a document utilized for future Medi-Cal billing.

Dr. Convery feels that the OT and PT will be able to begin working clinics at Mercy Hospital next month. They are also in the process of planning the home visit program.

Involvement of Community Organizations

The San Diego Arthritis Foundation is aware and supportive of this project. Currently, they have assisted by providing small donations, including furniture. One woman, learning of the project through the Foundation, donated \$500 to Dr. Convery so that he could buy whatever he felt would best assist his program.

STATE ARTHRITIS COUNCIL

<u>Name</u>	<u>Organization Represented</u>	<u>Address and Phone</u>
Ms. Phyllis Annett, RN	Allied Health Association	Golden Gate Nurses 1155 Pine Street San Francisco, CA 94409 415-885-4200
Ms. Nancy Canham	Crippled Children Service	4480 Clarewood Drive Oakland, CA 94618 415-557-0637
Ephraim P. Engleman, M.D.	CRMP Project Directors' Group Chairman	359 San Mateo Drive San Mateo, CA 94401 415-342-9068
James Fries, M.D.	Data Systems Specialist	Department of Medicine Stanford Univ. Hospital Stanford, CA 94305 415-497-6001
Mr. Robert Geller	Easter Seal	Association Division of Rehabilitation Facilities 1225 - 8th Street Suite 320 Sacramento, CA 95814 916-441-5044
Ms. Charlotte Gowland	Occupational Therapist	OT Department Rancho Los Amigos Hosp 7601 E. Imperial Hwy. Downey, CA 90242 213-922-7464
Ronald L. Kaye, M.D.	California Medical Association	Palo Alto Medical Ctr. 300 Homer Avenue Palo Alto, CA 94301 415-321-4121
James Klinenberg, M.D.	Arthritis Foundation, Los Angeles Chapter	4833 Fountain Avenue Los Angeles, CA 90029 213-662-9111 X-131
Ms. Betty Maesar	Vocational Rehabilitation Counselor	State Rehabilitation 2550 Mariposa Fresno, CA 209-488-5061

<u>Name</u>	<u>Organization Represented</u>	<u>Address and Phone</u>
Mr. Stewart Marylander	California Hospital Association	Cedars-Sinai Medical Center Division Cedars-Lebanon Hospital Box 54265 Los Angeles, CA 90054 213-662-9111
Mr. Clark McElmurry	Arthritis Foundation, San Diego Chapter	3719 - 4th Avenue Box 3344 San Diego, CA 92103 714-291-0430
Dr. Harold Mozar	Chronic Disease Unit and Rehabilitation Facilities	State Health Dept. 714 "P" Street Sacramento, CA 95814 916-322-4704
Ms. Jean Reid	Physical Therapist	Arthritis Foundation, So. Calif. Chapter 4311 Wilshire Blvd. Los Angeles, CA 90010 213-938-6111
Dr. Ronald Restifo	Arthritis Foundation, No. California Chapter	2040 Forest Avenue San Jose, CA 95128 408-297-8919
Mr. William Salter	State Office on Aging	1405 Market Street San Francisco, CA 94102 415-557-3900
Mrs. Thelma Schelcher	Arthritis Foundation, Sacramento Chapter	1507 - 21st Street Room 205 Sacramento, CA 95814 916-447-3248
Ms. Addie Thomas	Social Worker	2421 Foothill Blvd. LaVerne, CA 91750 714-593-3383





CENTRAL NEW YORK REGIONAL MEDICAL PROGRAM 716 East Washington St., Syracuse, N.Y. 13210/315-473-5600

Pilot Arthritis Program

Project Sponsor:

Central New York Chapter of the  
Arthritis Foundation  
319 Midtown Plaza  
700 E. Water Street  
Syracuse, New York 13210

Attention: Monty Euston  
phone: 315-422-8174

Project Director:

Robert Pinals, M.D.  
Department of Rehabilitation Medicine  
Upstate Medical Center  
750 E. Adams Street  
Syracuse, New York 13210  
phone: 315-473-5820

Summary of Activities

- A. Upgrading the level of patient care at the principal referral facility, the Arthritis Clinic at Upstate Medical Center, Syracuse, New York.
1. Training a Nurse Clinician to deal with the problems of patients with stable chronic arthritis, individuals who would benefit from a close relationship with a single professional person.
  2. Organizing the Clinic visit to include continuing evaluation and instruction by a physical therapist, occupational therapist and vocational counselor.
  3. Adding an additional clinic session to the two already held each week, to permit more attention for each patient by the therapeutic team and for an increase in new patients accepted with a minimum of delay.
  4. Adopting a problem-oriented record system which will contribute to efficient operation. The education protocol will include the standard data base in rheumatic diseases of the ARA (Arthritis & Rheumatism May 1974).
  5. Surveying vocational motivation and potential in a population of patients with arthritis. Questionnaires will be used to identify candidates for vocational rehabilitation, who will then be interviewed and evaluated.
  6. Holding a conference after each clinic in which the problems of each patient are reviewed by members of the therapeutic team. The conference will be used as an instrument for instruction of medical students and house officers in the value of interaction between various disciplines in clinical and social problem-solving.

B. Professional Education in the Rheumatic Diseases

1. Holding regular clinics and conferences in major cities in the Central New York region for physician education.
2. Training a team of allied health professionals who will be able to meet either collectively or individually with their counterparts in other hospitals, to expand the role of nursing, physical and occupational therapy, vocational counseling and social service in the management of problems in patients with rheumatic disease.

C. Extending consultation services to other communities.

1. A consultation clinic in Utica has served as a successful model, meeting monthly under the auspices of the Arthritis Foundation of Central New York. A similar session, held irregularly in Binghamton, focused to a greater extent on physician education using cases presented at the clinic as a basis for discussion of certain diagnostic and therapeutic problems.
2. The Binghamton Clinic will be expanded and held on a regular basis. A clinic on the same model has been started in Ithaca.
3. A consultation clinic on the Utica model, directed primarily at diagnosis and therapeutic recommendations for the individual patient, will be established in Watertown.

Clinic sites:

Utica - Children's Hospital and Rehabilitation Center, Utica, New York 13502  
Binghamton - bi-monthly at: C.S. Wilson Memorial Binghamton General Hospital  
33-57 Harrison Street Mitchell Avenue  
Johnson City, N.Y. 13790 Binghamton, New York 13903  
Coordinator: Dr. Vincent Maddi  
Ithaca - Tompkins County Hospital, Ithaca, New York 14850  
Watertown - site not yet determined

REGIONAL *Medical* PROGRAM

Established Jan. 1, 1967, under Public Law 89-239 to Combat Heart Disease, Cancer, Stroke, Kidney Disease and Related Conditions  
 Suite 410, Franklin Medical Building • 2045 Franklin Street • Denver, Colorado 80205 • Telephone (303) 892-9527

Thomas A. Nicholas, M.D. / Executive Director • Robert C. Jones, M.D. / Program Director

COLORADO-WYOMING REGIONAL ARTHRITIS PROGRAM

Summary Report - December 6, 1974

Roy L. Cleere, M.D.

The five components included in the Colorado-Wyoming Regional Arthritis Program are:

1. Management office
2. Arthritis Division, University of Colorado Medical Center
3. Denver General Hospital, Department of Health and Hospitals, City of Denver
4. Arthritis Treatment Center, General Rose Memorial Hospital
5. Regional Arthritis Centers, Colorado and Wyoming

Sponsoring agencies: The Arthritis Foundation and University of Colorado Medical Center

Collaborating agencies (in addition to those listed above):

Colorado and Wyoming Health Departments  
 Colorado-Wyoming Regional Medical Program  
 Colorado and Wyoming Medical Societies  
 County or District Medical Societies

Purpose and objective: To upgrade the quality of the diagnostic procedures and comprehensive care of the arthritic patients in the two-state areas of Colorado and Wyoming and to make this improved medical service more widely available.

This Regional Arthritis Program is staffed by specialists from several arthritis units in the Denver Metropolitan area, most of whom are with the faculty of the University of Colorado Medical Center. This is the only teaching Medical Center in these two states. It is inter-related with other medical and hospital facilities and with the health professionals; Physicians, Public Health staffs, Nurses, Physical Therapists, Occupational Therapists and Social Workers whose services are needed to make good arthritis care available and acceptable.

I. Management Office

Administrator - Roy L. Cleere, M.D., M.P.H.  
 Medical Coordinator - Jaime F. Bravo, M.D., Rheumatologist  
 Administrative Secretary - M. Marianne Sevier  
 Office: 800 Clermont Street, #410  
 Denver, Colorado 80220  
 Telephone: 303-322-5944

This office will be the base of operation of the programs being conducted in several different participating institutions and the local areas served. Responsibility is also assumed for coordination of services rendered by the several components. The Medical Coordinator has direct responsibility for organizing the services of the health professionals to staff the regional clinics, and coordinates these out-reach clinics with the Administrators of the affiliated and co-sponsoring agencies.

The financial function of the project will be centered in this office. Although administration of the program is the responsibility of this office, indirect supervision is maintained by an Administrative Committee, composed of eight key persons from Colorado and Wyoming, including four physicians. The Chairman is Mr. Robert Herrick, a prominent Denver banker who is also the President of The Arthritis

Foundation (Rocky Mountain Chapter). Close liaison is also maintained with the offices of the Executive Director, Arthritis Foundation; and the Regional Medical Program.

Arrangements for Regional Clinics and Workshops for physicians and other health professionals are made by the Management Office.

A working relationship has been established with Dr. David Mills, Rheumatologist, who is conducting a special study on the cost of care for arthritics.

- II. University of Colorado Medical Center, Arthritis Division:  
Acting Head, Dr. David Mills, who also serves as Rheumatologist for VA Hospital  
Address: 4200 East 9th Avenue, Denver, Colorado  
Telephone: 303-394-7592

A bio-chemist is employed in the Arthritis Division to work under the supervision of Dr. James Steigerwald, full-time Rheumatologist in the Arthritis Division. He has set up new diagnostic procedures, effective November 1974, as a service to the affiliated hospitals and the eight centers where Arthritis Clinics have been conducted.

A clerk-typist has also been added to the division. This position is filled by a person familiar with the recording of arthritis scientific data. She works under the direction of Dr. Mills with respect to use of record forms and data analysis. She also assists Dr. Bravo.

The first workshop for the eight Regional Medical Coordinators was conducted at this Medical Center on November 22, 1974. Seven of the eight were in attendance and which was also attended by members of the Panel of Consultants who conduct the teaching and consultation clinics. Faculty members of the Medical School were the guest lecturers. Additional workshops and seminars will be held in the future. In this way, the local coordinating physicians were brought up to date with the latest diagnostic techniques and diagnostic methods at a teaching center. At this meeting, there was an opportunity for free exchange between the teachers, the local medical coordinators and the administrative staff. In this way, ideas for changing future clinics and panel sessions, evolved.

- III. Denver Department of Health and Hospitals  
Arthritis Unit - Dr. James Steigerwald, Rheumatologist  
Telephone: 893-6000

Five arthritic-orthopedic beds are available at Denver General Hospital. The Denver Neighborhood Health Centers will also be utilized in the consultation-teaching services

A nurse who has had advanced training as a Nurse-practitioner has been added to the staff at Denver General. She has also attended two to three weekly Arthritis Clinics at the University of Colorado Medical Center and Denver General Hospital.

Her services have been useful in conducting clinics in the affiliated hospitals located in the Regional Centers. The requests for services of Nurse-practitioners by local nurses have substantially increased.

- IV. General Rose Memorial Hospital - Arthritis Treatment Center  
1050 Clermont Street, Denver, Colorado 80220  
Medical Director - Charley J. Smyth, M.D., Nationally recognized rheumatologist  
and former Head Arthritis Division, University of Colorado  
Medical Center  
Telephone: 303-320-2480

This new center will provide 22 beds for arthritis patients, who will receive the most modern treatment. The building is constructed as a model unit for the care and rehabilitation of arthritics. It is physically connected with the physical medicine and rehabilitation department of the hospital.

A well-qualified nurse-practitioner is an additional member of the staff of this center. She has also received special training in arthritis patient care as a member of the rehabilitation team at General Rose Memorial Hospital and she has also attended two to three Arthritis Clinics each week at the University of Colorado Medical Center. This nurse-practitioner has also served as a team member at several visits to the Regional Arthritis Clinics.

V. Regional or Community Clinics.

It was necessary to strengthen the so-called "in-reach" programs in several of the Denver institutions in order to render the required consultation-teaching services in the "out-reach" areas.

The early success of this pilot demonstration project has depended on the effectiveness of the service rendered to the physicians, other health professionals and arthritis patients in the selected regions. Each of the eight centers have conducted one teaching-consultation clinic and the reception in every instance has been excellent and much appreciated.

Taking into consideration, demography and accessibility, the following eight community centers serving regional areas in the two states were selected:

- Colorado: Sterling - North East  
Pueblo - South and South East  
Grand Junction - Central Western Slope  
Durango - South West  
Wyoming: Sheridan - North Central  
Thermopolis - West Central  
Casper - Central  
Laramie - South

Before launching plans for clinics in the eight regional centers, the program plan was presented to the Presidents and Speakers of the House of Delegates of the Colorado and Wyoming Medical Societies. Their support was solicited and the program received the endorsement of both societies. This is considered of major importance in getting these programs accepted. Subsequently, the Presidents of each of the eight local Medical Societies were asked for assistance in the selection of the eight regional medical coordinators. In every case, these leaders of the component medical societies offered their full cooperation.

Listed are the names of these coordinators:

Colorado--Charles A. Hanson, M.D., Pueblo  
Kenneth Beebe, M.D., Sterling  
Dean L. Furry, M.D., Durango  
Roger Shenkel, M.D., Grand Junction  
Wyoming--Seymour Thickman, M.D., Sheridan  
R. David Reith, M.D., Thermopolis  
Joseph Murphy, M.D., Casper  
Lloyd Evans, M.D., Laramie

In addition to the clinics scheduled in the selected regions, it is planned to offer lectures by consultant team members to other medical and health professional groups. In this way, additional communities will be reached by this out-reach educational program.

One clinic has been conducted in each of the eight regions. The team members conducting the clinics included a rheumatologist, an orthopedist, a psychiatrist and nurse-practitioner.

The Regional Medical Coordinator assumed the responsibility for local arrangements with assistance from the Management Office. He arranged for use of a local hospital and collaborated with the physicians in his region for selection of patients to be referred to the clinic.

As evidence of the exceptional response by physicians and other health professionals to the lectures and clinics held thus far are the following: (1) One-hundred fifty-nine physicians, sixty-six nurses and twenty-two other health professionals attended lectures during the eight regional programs; (2) one-hundred twenty-three physicians, fifty-eight nurses and thirty-six other health professionals attended the eight clinics and (3) a total of 54 patients were seen.

It is the consensus following the clinics that not over six patients should be referred to the clinic team. This would allow more time for detailed discussion and physician consultations. Follow-up service is also planned for patients seen at the clinics.

Repeat clinics have been conducted in Grand Junction and Laramie on December 3, 1974.

Although definite progress has been achieved in meeting stated objectives, a continuing review of the program will be conducted.

In addition to an evaluation based on numerical count of physicians and other health professionals who have attended clinics and patients seen in clinics, other criteria for evaluating the program will be explored. For instance, it is desirable to ascertain whether health professionals and arthritics have developed a greater awareness with respect to modern concepts of diagnosis and treatment. Whether, also, there is increased utilization of existing facilities and resources for care of arthritics during the tenure of the demonstration program. Has the quality and quantity of home health care services improved and has there been an increase in the use of the services of nurse-practitioners and other physician-extenders needs to be determined. Also, of primary importance, will be an analysis of the costs for conducting this type of an out-reach program in two states where population centers are separated by long distances which require air travel.

## *Greater Delaware Valley Regional Medical Program*

551 WEST LANCASTER AVENUE • HAVERFORD, PENNSYLVANIA 19041 • (PHONE) 215 527-3220

### GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM ARTHRITIS CONTROL PROGRAM

Program Director:

J. Warren Salmon  
GDVRMP Arthritis Control Program  
C/O Hahnemann Medical College  
1505 Race Street, 4th floor  
Philadelphia, Pennsylvania 19104

Medical Director:

Charles D. Tourtellotte, M.D.  
Section of Rheumatology  
Temple University  
School of Medicine  
Broad and Ontario Streets  
Philadelphia, Pennsylvania 19140

PROGRAM SUMMARY: The Greater Delaware Valley RMP the fiscal year, 1974-75 to carry out the overall pilot arthritis program consists of five component parts: 1) Facilitating the Development of Arthritis Demonstration Clinics; 2) Professional Education to Expand the Responsibilities of Physicians; 3) Training Allied Health Arthritic Care Teams; 4) Patient/Family Awareness and Independence; 5) Pediatric Arthritis Initiative.

The Program's design has been based on the principle of regionalization of rheumatological resources through a multi-institutional effort to permeate the entire twenty-four counties of the Greater Delaware Valley. A unique collaborative effort joining the five Philadelphia medical schools with non-profit hospitals and the Arthritis Foundation of Eastern Pennsylvania has been achieved in the Program and in the formation of its policy-making body, the GDVRMP Arthritis Control Program Council. The existing structure of the Greater Delaware Valley RMP has been utilized to enhance program

development and major activities are conducted at decentralized locations to establish new and upgrade existing capabilities in arthritis diagnosis, treatment and rehabilitation.

Efforts are continuing to be made to promote cross-fertilization of ideas with the other 28 RMP funded pilot arthritis programs, and some significant success in building relationships among pediatric projects have been developed.

COMPONENT:      FACILITATING THE DEVELOPMENT OF ARTHRITIS DEMONSTRATION CLINICS

Director: Charles D. Tourtellotte, M.D., Professor of Medicine  
and Chief of Rheumatology, Temple University School of  
Medicine and Hospital, Philadelphia, Pa. 19140.

Component Summary: The Arthritis Demonstration Clinic (ADC) component represents the major thrust of the GDVRMP Arthritis Control Program. Its objectives vary according to local needs for improved arthritis care delivery. Clinic programs have been: 1) developed where non-existent; 2) improved where limited capability exists for skilled diagnosis, treatment and rehabilitation; and 3) strengthened where full capability and responsibility exists for arthritis care delivery and education. A serious effort has been made to create and strengthen patterns for coordination of existing local resources, ADC's and the Arthritis Clinical Research Centers to provide a rational, efficient, and quality delivery system for arthritis and allied disorders. An additional objective has been to foster a multidisciplinary professional approach with supportive allied health specialists in the management of all levels of arthritis care delivery.

The ADC's are conducted throughout the Region in areas largely removed from the university medical centers in Philadelphia. Seven ADC are operational (exclusive of pediatric clinics) with designated team leaders-- Allentown Hospital, Allentown, Pa. Dr. George Ehrlich; Allied Services Institute, Scranton, Pa., Dr. Charles Tourtellotte; Cooper Hospital, Camden, N.J., Dr. Sheldon Solomon; Gnaden Huetten Hospital, Lehighon, Pa., Dr. George Ehrlich; Millville Hospital, N.J., Dr. Charles Tourtellotte; Monroe County Hospital, E. Stroudsburg, Pa., Dr. John Martin; Wilkes-Barre General Hospital, Pa., Dr. Rodanthi Kitridou. The frequency of clinics ranges from 1 to 4 sessions monthly. The program of the ADC is somewhat variable according to the pre-existing capability and self-sufficiency status for arthritis care in each locale. In each implementation, however, there is full utilization of the other Arthritis Control Program Components and resources (Professional Education; Allied Health Professional Training; Pediatric Arthritis Program; Patient/Family Awareness Program). Patients are evaluated in the ADC's upon physician and/or appropriate health agency referral. The patient problem thereby serves as the medium for either direct preceptorship and/or larger group instruction of physicians and allied health professionals. Exemplary patient care is provided, but as an indirect



result of primary emphasis upon education. More structured instructional programs are typically a regular feature of the ADC for both professionals as well as patients and their families. Educational materials are those which have been developed over the years in university medical centers and by the Arthritis Foundation. Staffing of the ADC is similarly somewhat variable according to individual community needs, but requires significant local physician involvement for successful operation and continuity beyond the project year. The visiting team leader coordinates the program and assigns visiting consultants as the program evolves. Community personnel and existing health care programs are utilized to the maximum extent possible, so that working relationships are established and improved. A self-assessment examination has been developed to assist in improving professional awareness of arthritis knowledge levels.

COMPONENT:

PROFESSIONAL EDUCATION TO EXPAND RESPONSIBILITIES OF PHYSICIANS

Director: Warren Katz, M.D., Chief of Rheumatology, Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pa. 19140

Component Summary: The intent of the Professional Education Component is to increase the awareness of family practitioners, pediatricians, internists, and orthopedists for the multiple diagnostic, therapeutic, emotional and social problems of patients with rheumatic disease. The major thrust for this education is provided by consultation to practicing physicians in each of the Arthritis Demonstration Clinics. At least one hour is allocated for professional education at each ADC geared to problems in treating rheumatological disorders in patients rather than the disease approach. Lecture/Demonstrations have been designed to cover a range of topics.

Additionally, three regional seminars in locations convenient to practicing physicians throughout the Greater Delaware Valley are scheduled for Spring to cover a complete range of disease topics. Coordination with the Allied Health Care Team component and the Pediatric Initiative component of the GDVRMP Arthritis Control Program has been successful in designing these seminars to provide a multispecialty and interdisciplinary orientation.

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM  
ARTHRITIS CONTROL PROGRAM

COMPONENT:

TRAINING ALLIED HEALTH ARTHRITIS CARE TEAMS

Director: George E. Ehrlich, M.D., Arthritis Center  
Albert Einstein Medical Center  
York and Tabor Roads  
Philadelphia, Pennsylvania 19141

Component Summary: Many allied health professionals, while otherwise proficient, are inadequately trained to understand the total management of rheumatic disorders. Therefore, this component undertook to fill these training needs with specific reference to the Arthritis Demonstration Clinics and also with independent programs to provide training sessions throughout the Region directly aimed at all allied health professionals to promote an interdisciplinary team approach to arthritis care, treatment and rehabilitation.

The nature and local of activities includes: 1) On-the-job training demonstrations at the Arthritis Center, Albert Einstein Medical Center (AEMC) and Moss Rehabilitation Hospital in Philadelphia. 2) Training sessions in conjunction with the Arthritis Demonstration Clinics. 3) Special seminars in conjunction with professional education sessions---three are planned, in Philadelphia, Atlantic City, and the Pocono Mountains area. 4) Lecture sessions in conjunction with colleges of allied health professions and area health education centers, at these centers, at neutral sites, or at the AEMC Arthritis Center.

Training programs have been devised that permit allied health professionals in nursing, physical and occupational therapy and vocational rehabilitation to participate in the day-to-day activities of the arthritis center, AEMC as observers and active participants. In addition, lecture-demonstrations have been designed to fill in the identified gaps in knowledge. Educational materials for curricula include books and pamphlets (privately published or published by the Arthritis Foundation), reprints of salient articles, outlines and instructional materials specifically devised for this GDVRMP Arthritis Control Program, and established problem solving techniques. Assessment of results is made by individually directed questions and by evaluation of performance. The book, Total Management of the Arthritic Patient, (J.B. Lippincott, 1973) under the editorship of the Project Director, serves as a basis of the training program.

The Arthritis Foundation, the Bureau of Vocational Rehabilitation of Pennsylvania the Department of Vocational Rehabilitation of New Jersey, the Greater Philadelphia Chapter of the Rehabilitation Nurses' Association, the colleges of allied health professions at Temple University and the University of Pennsylvania, the nursing schools of participating area hospitals, and local chapters of physical therapy and occupational therapy organizations provide platforms and community resources to assist with this program.

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM  
ARTHRITIS CONTROL PROGRAM

COMPONENT:

PATIENT-FAMILY AWARENESS AND INDEPENDENCE PROJECT

Directress: Rodanthi C. Kitridou, M.D.  
Directress and Associate Professor  
Division of Rheumatology  
Hahnemann Medical College  
230 North Broad Street  
Philadelphia, Pa. 19102

Component Summary: The project was created with the following objectives: To inform rheumatic disease patients of the nature of their illness, to emphasize the available therapeutic means and motivate patients to seek specialized care, to educate the patient and family of the impact of arthritis and adjustment requirements; also, to emphasize that the ultimate goal of the therapeutic teamwork is independence of the arthritic and rehabilitation and retraining. At the same time, the project mechanism provides for a forum for the patients' and family members' expression of idea, fears, misconceptions and experiences.

Concurrent with the conduct of the Arthritis Demonstration Clinics, patients and family members gather with physicians and allied health professionals in an informal group discussion dealing with the above objectives. Informational material for patients is distributed (the Arthritis Foundation booklets and pamphlets) and self-care and home-making aids are demonstrated. A list of literature for rheumatic disease patients is also made available.

The Demonstration Clinic leader is responsible for moderating the discussion; however, it is expected that allied health professionals and local physicians already involved in these clinics will eventually take over the leadership under the auspices of the Eastern Pennsylvania Chapter of the Arthritis Foundation.

COMPONENT:

PEDIATRIC ARTHRITIS INITIATIVE

Director: Balu Athreya, Clinical Director, Children's Seashore House, Atlantic City New Jersey

Component Summary: The purpose of the Pediatric Arthritis Initiative is to upgrade the Pediatric Arthritis Clinics at Children's Hospital of Philadelphia; St. Christopher's Hospital for Children in Philadelphia; and Children's Seashore House in Atlantic City, New Jersey; and to lend support to the other Arthritis Demonstration Clinics throughout the Region to provide specialized sensitivities necessary for the management of arthritis in children.

A special effort has been made to build cooperative and collaborative relationships with the Pediatric Departments in the Philadelphia medical schools to encourage their developing greater capabilities in arthritis care. Specific consultation is being provided to the other program components of the GDVRMP Arthritis Control Program to render pediatric applications to the physician and allied health training and patient/family awareness projects.

A uniform pediatric arthritis case sheet has been developed which is being implemented at the Pediatric ADC's, the other ADC's in the Region, and hopefully by various practitioners and pediatric clinics of hospitals and medical schools. Correspondence with other DRMP funded pilot arthritis programs has provided acceptance of the case sheet by two pediatric projects.

Regional Seminars in pediatric arthritis care will be conducted in three areas of the Greater Delaware Valley in the Spring to reach family and pediatric practitioners and related allied health professionals. A nurse coordinator is conducting a demonstration in-home program to meet the unique needs of children suffering from arthritis and their families.

Arthritis Regional Facility  
Emory University School of Medicine  
Atlanta, Georgia

Charles H. Wilson, M.D.

- A. The general objective of this pilot demonstration project in arthritis is to achieve improved arthritis care by increasing the number of arthritis patients served and by improving the quality of services provided, using as a vehicle the development and implementation of a close working relationship between a large medical school and a community hospital.
- B. This Arthritis Regional Facility project at Emory will work closely with a large community hospital, The Medical Center in Columbus, Ga. The Regional Facility staff will spend a significant amount of time actually working with Area Facility staff on site in Columbus, assisting the Area Facility staff in improving patient care in arthritis in The Medical Center. This will include multidiscipline Regional Facility staff members, each of whom will be responsible for assisting his counterpart on the Area Facility Staff. In addition, Area Facility staff will spend a significant amount of time working in the provision of arthritis services to patients in the Regional Facility, working along with Regional Facility staff at the Emory University arthritis clinic at Grady Memorial Hospital in Atlanta.

Besides working in direct patient care, staff of the Regional Facility will institute specially tailored programs of training and continuing education for Area Facility staff, some of which will take place on site in Columbus and other programs will be held at the Regional Facility site in Atlanta.

Regional Facility staff will work closely with Area Facility staff in developing and instituting long-range programs of continuing education in arthritis for health professionals in the Columbus medical service area, so as to extend the improvement of arthritis care beyond the walls of The Medical Center.

Regional Facility staff will also increase the number of arthritis patients seen in the Grady Memorial Hospital setting, by virtue of increased staff size, and will attempt to improve the quality of care through the addition of a more complete complement of the necessary disciplines -- e.g., PT, OT, Social Services -- to work with the physician and nursing manpower.

- C. Related staff at Emory, including University resources in the area of patient and family education, as well as cooperative efforts of the Georgia Chapter of The Arthritis Foundation and the Georgia Rheumatism Society.

Arthritis Area Facility  
Memorial Medical Center,  
Savannah, Georgia

Theodora L. Gongaware, M.D.

- A. The general objective of this pilot demonstration project in arthritis is to achieve improved arthritis care by increasing the number of arthritis patients served and by improving the quality of services provided, using as a vehicle the development and implementation of a close working relationship between a large medical school and a community hospital.
- B. This Arthritis Area Facility project at Memorial Medical Center in Savannah will work closely with the Medical College of Georgia in Augusta. The Area Facility staff will be assisted on site in Savannah by staff from the Regional Facility, in improving patient care in arthritis at Memorial Medical Center. In addition, Area Facility staff will spend a significant amount of time working in the provision of arthritis services to patients in the Regional Facility, working along with the Regional Facility staff at the Medical College of Georgia arthritis clinic.

Area Facility staff will also participate in specially tailored programs of training and continuing education, developed by the Regional Facility staff in response to Area Facility staff needs. Some of this training will take place on site in Savannah and some will occur at the Regional Facility.

Area Facility staff will assist Regional Facility staff in the development and implementation of long-range programs of continuing education in arthritis for health professionals in the Savannah medical service area, so as to extend the improvement of arthritis care beyond the walls of Memorial Medical Center.

Area Facility staff will increase the number of arthritis patients seen at Memorial Medical Center, by virtue of increased staff size, and will attempt to improve the quality of care through the addition of a more complete complement of the necessary disciplines -- e.g., PT, OT, Social Services -- to work with the physician and nursing manpower.

- C. The Medical Center will provide patient and family education resources, and related staff -- especially that of the physical rehabilitation program at Memorial -- will participate in this project.

Arthritis Regional Facility  
Medical College of Georgia  
Augusta, Georgia

Joseph P. Bailey, Jr., M.D.

- A. The general objective of this pilot demonstration project in arthritis is to achieve improved arthritis care by increasing the number of arthritis patients served and by improving the quality of services provided, using as a vehicle the development and implementation of a close working relationship between a large medical school and a community hospital.
- B. This Arthritis Regional Facility project at MCG will work closely with a large community hospital, Memorial Medical Center in Savannah, Ga. The Regional Facility staff will spend a significant amount of time actually working with Area Facility staff on site in Savannah, assisting the Area Facility staff in improving patient care in arthritis at Memorial Medical Center. This will include multidiscipline Regional Facility staff members, each of whom will be responsible for assisting his counterpart on the Area Facility staff. In addition, Area Facility staff will spend a significant amount of time working in the provision of arthritis services to patients in the Regional Facility, working along with Regional Facility staff at the MCG arthritis clinic.

Besides working in direct patient care, staff of the Regional Facility will institute specially tailored programs of training and continuing education for Area Facility staff, some of which will take place on site in Savannah and other programs will be held at the Regional Facility site in Augusta.

Regional Facility staff will work closely with Area Facility staff in developing and instituting long-range programs of continuing education in arthritis for health professionals in the Savannah medical service area, so as to extend the improvement of arthritis care beyond the walls of Memorial Medical Center.

Regional Facility staff will also increase the number of arthritis patients seen in the MCG setting, by virtue of increased staff size, and will attempt to improve the quality of care through the addition of a more complete complement of the necessary disciplines -- e.g. PT, OT, Social Services -- to work with the physician and nursing manpower.

- C. Related staff at MCG, including MCG resources in the area of patient and family education, as well as cooperative efforts of the Georgia Chapter of The Arthritis Foundation and the Georgia Rheumatism Society.

Arthritis Area Facility  
The Medical Center  
Columbus, Georgia

Howard Vigrass, M.D.

- A. The general objective of this pilot demonstration project in arthritis is to achieve improved arthritis care by increasing the number of arthritis patients served and by improving the quality of services provided, using as a vehicle the development and implementation of a close working relationship between a large medical school and a community hospital.
- B. This Arthritis Area Facility project at The Medical Center in Columbus will work closely with Emory University in Atlanta. The Area Facility staff will be assisted on site in Columbus by staff from the Regional Facility, in improving patient care in arthritis at The Medical Center. In addition, Area Facility staff will spend a significant amount of time working in the provision of arthritis services to patients in the Regional Facility, working along with the Regional Facility staff at the Emory University arthritis clinic at Grady Memorial Hospital in Atlanta.

Area Facility staff will also participate in specially tailored programs of training and continuing education, developed by the Regional Facility staff in response to Area Facility staff needs. Some of this training will take place on site in Columbus and some will occur at the Regional Facility.

Area Facility staff will assist Regional Facility staff in the development and implementation of long-range programs of continuing education in arthritis for health professionals in the Columbus medical service area, so as to extend the improvement of arthritis care beyond the walls of The Medical Center.

Area Facility staff will increase the number of arthritis patients seen at The Medical Center, by virtue of increased staff size, and will attempt to improve the quality of care through the addition of a more complete complement of the necessary disciplines -- e.g., PT, OT, Social Services -- to work with the physician and nursing manpower.

- C. The Medical Center will provide patient and family education resources, and The Family Practice Program at The Medical Center will be working closely with this project.
- D. Documentation of the efficacy of this pilot approach to the improvement of arthritis care in Georgia, both in terms of quality and quantity.

PROJECT 69, PILOT ARTHRITIS PROJECT

The School of Medicine of the University of Hawaii, in cooperation with the Regional Medical Program of Hawaii, and the Hawaii Arthritis Foundation began the project September 1, 1974, and will terminate it on August 31, 1975. The budget is \$216,000.

The Arthritis Center of Hawaii is based in a community hospital, Kuakini Hospital, 347 N. Kuakini Street, Honolulu, Hawaii, 96817, a 250-bed medical surgical facility.

It is estimated that 80,000 patients suffer from arthritis in Hawaii and 15,000 in the Pacific Basin. The need in Hawaii is for improved diagnostic treatment and rehabilitation services to arthritis sufferers.

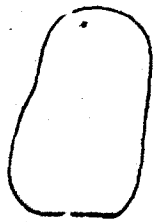
The objectives and related activities are threefold: (1) A multidisciplinary approach to referral, diagnosis, evaluation, and treatment recommendation of arthritis patients in a clinic setting; (2) the extension of these services to outlying and Pacific Basin areas at a later time; and, (3) the training of health personnel and medical students in the care of arthritis patients. The first of these three programs is in progress at three weekly half-day sessions. Two sessions per month are at the Kapiolani Children's Hospital on juvenile rheumatoid arthritis and other arthritis affecting children.

The approach is a direct appeal to community physicians to refer patients to the center for complete evaluations and recommendations for treatment which the physician may subsequently carry on with his patient. On a consultative basis, community physicians with rheumatology training, orthopedic surgeons and psychiatrists are in clinic attendance at least one if not two times per month.

The Project Staff includes Melvin Levin, M.D., Rheumatologist, Medical Director, with Dr. Eugene Lance, Orthopedic Surgeon and Dr. Raquel Hicks, Pediatric Rheumatologist, as part-time members. The Administrative Director is Henry Thompson, M.A.. Other staff members are Assistant Director, Patient Services Coordinator, Patient Care Specialist (R.N.), Registrar, and a part-time social worker, physical therapist, and occupational therapist.

November 26, 1974





# Intermountain Regional Medical Program

University of Utah Research Park  
540 Arapahoe Drive, Room 201 • Salt Lake City, Utah 84108  
(801) 581-7901

## I. Purpose

The general purpose of the Discrete Arthritis Activity is to design and establish a "Pilot Arthritis Center" with a health care delivery system of procedures and activities which will 1) favorably affect the provider's management and treatment of arthritis care; 3) improve patient compliance to prescribed treatment regimens; and 4) increase awareness of existing resources available to providers and consumers in their communities.

## II. Nature and Locale of the Activities:

The nature of the activities are: 1) establishing consultative arthritis clinics for the purpose of enhancing the providers' knowledge of arthritis treatment thereby improving the accessibility and quality of care and 2) providing educational programs for patients and family members to favorably affect patient compliance and use of existing resources. Presently, the project and the local chapters of the Arthritis Foundation are working with six (6) communities (two each in Idaho, Nevada and Utah) in establishing ongoing, self-sustaining clinics and patient education programs.

## III. Methodologies:

Presently, six communities (Boise, Pocatello, Idaho; Las Vegas, Reno, Nevada; and Ogden, St. George, Utah) have been selected as initial sites for the project's activities. Specialized rheumatology services are not available in these communities. Therefore, a local physician has been identified in each community to serve as a coordinator for the project in that community. Allied health personnel (R.P.T., O.T., Social Worker, and R.N.) are also identified to establish a local arthritis health care team. Consultative clinics and patient and family education sessions are then scheduled in the community with consultants (provided by the project) attending to assist the local team in caring for arthritis patients and, consequently, improving its capability in delivering arthritis care. The format followed has been for the referring physician or the community coordinator to present the patient to the arthritis care team of local providers and consultants. The patient is then examined and/or evaluated and a comprehensive treatment program prescribed by those involved. The patient is then referred to a patient and family education session to provide the patient and his family an understanding of the treatment program.

With limited resources for such a vast area, there was a need to bring available resources together in a cooperative effort of improving the arthritis care in the three state area. Therefore, a non-treatment center titled the Intermountain Arthritis Center has been established to coordinate, manage, and promote arthritis care.

Furthermore, by establishing the Intermountain Arthritis Center, it was possible to make application for a provider number. This gives the Intermountain Arthritis Center the legal base needed to bill third party insurance carriers and welfare agencies for services rendered. This, then, is the first step in making the activities of the project income-producing and as the program expands, self-sustaining.

Proposals have been submitted to the Medicaid and Medicare agencies requesting approval of the medical services provided. Additional proposals are being prepared for submission to other third party carriers requesting reimbursement approval.

#### IV. Source of Materials:

The supply of quality materials available for use in arthritis clinics and educational programs has been found to be very meager. Materials have been received from the local Arthritis Foundation and drug representatives. Presently, we are combining the patient materials into a workbook which will become the major source of information for the patient in the patient education program. In addition, a patient committee has been initiated to advise the project staff as to comprehensiveness and appropriateness of the materials being used.

#### V. Community Involvement:

Each initial community was selected on the basis of available community interest and resources. Physicians, therapists, social workers, and nurses were identified depending upon availability and interest in providing improved arthritis care. Local state health agencies, i. e., vocational rehabilitation, home health, etc., were contacted and requested to support and participate as well.

The State Chapters of the National Arthritis Foundation have been very instrumental in the implementation of the project activities. They have been very helpful in developing the local support and making the local arrangements for the clinics and the education sessions in their respective states. It is anticipated that eventually the education sessions will be provided entirely by the state chapters.

In addition, meetings have been held with each state's health officers and the program explained. Enthusiastic support has been given in all three instances which has been very encouraging and beneficial to the project, specifically in procuring the support and involvement of other state health agencies.

Further information may be received by contacting the Project Medical Director, Steven J. Anderson, M.D., I.R.M.P., 540 Arapeen Drive, #201, Salt Lake City, Utah 84108, 801/581-5537.



## IOWA REGIONAL MEDICAL PROGRAM

Oakdale Hospital • Oakdale, Iowa 52319 / The University of Iowa • (319) 353-4018

The Iowa Regional Medical Program is currently funding "A Program for Improving Arthritis Care". The Department of Orthopedic Surgery, University of Iowa (U of I) College of Medicine, Iowa City, is the sponsor. M. Paul Strottmann, M.D., (Assistant Professor, Orthopedic Medicine, West 100 Children's Hospital U of I, Iowa City, Iowa) is the project director. The budget is for the period July 1, 1974, through June 30, 1975.

The objectives of this activity are:

1. To establish a clinic that will demonstrate high quality specialized care of ambulatory arthritic patients in a community setting.
2. To establish at a Des Moines hospital a clinic to serve arthritis patients in Central Iowa.
3. To expand the ability of the Rheumatology Unit of the University of Iowa Medical Center for providing highly specialized care to patients referred to the unit with arthritis or related conditions.
4. To develop physician education programs dealing with the diagnosis, treatment and rehabilitation of persons with arthritis and related conditions.

To meet the first objective, a demonstration patient care clinic for ambulatory arthritis patients has been established at the Muscatine Community Health Center, Muscatine. The focus of this demonstration unit is on providing clinical training to the center's physicians, allied health personnel (physician assistants and nurses) and medical students on rotation through the clinic.

An arthritis patient clinic has been established at Broadlawns Polk County Hospital, a comprehensive medical center in Des Moines, to meet the second objective. The clinic is staffed by the project director and a rheumatologist

from Mason City, Bruce Trimble, M.D., and offers arthritis patients diagnostic and treatment services otherwise unavailable in Central Iowa.

To meet the third objective of this project, the U of I Medical Center's Rheumatology Unit has significantly increased its ability to meet a growing demand for specialized arthritic care and has expanded its program to train physicians in providing this care. A rheumatologist is giving 60% of his time and two orthopedists are each giving 25% of their time to such training and arthritic patient care. This arrangement is increasing the coordination of the Rheumatology Unit and the Department of Orthopedic Surgery in jointly providing arthritis patients with quality comprehensive treatment and in teaching current arthritis treatment techniques to medical students and physicians.

A statewide educational conference will be held to better acquaint physicians with the diagnosis and treatment of the arthritic patient. This one-day conference will be conducted during the spring of 1975.



The Kansas Arthritis Centers Project administered by Kansas Regional Medical Program is jointly sponsored by the Kansas Chapter of the Arthritis Foundation, the University of Kansas School of Medicine at Kansas City, Kansas, and the Veterans Administration Hospital of Kansas City, Missouri. Project headquarters are in the same building as KRMP at the University of Kansas Medical Center in Kansas City, Kansas.

The Kansas Arthritis Centers Project is establishing an arthritis information and evaluation unit (IEU) in each of four major population centers throughout the state of Kansas. These IEU's will be based and staffed in the following locations:

<u>City</u>	<u>Institution and Address</u>	<u>Name of Director, Unit Nurse and Telephone Number</u>
Kansas City, KS	University of Kansas, School of Medicine 39th and Rainbow Kansas City, Kansas 66103	Robert Godfrey, M.D. Project Director 4125 Rainbow Kansas City, Kansas 66103 (913) 831-5371
		Daniel J. Stechsulte, M.D. Associate Project Director Department of Medicine, KUMC (913) 831-6008
		IEU Nurse Virginia Wolfe, R.N. Department of Medicine, KUMC (913) 831-5687
Topeka	Topeka-Shawnee County Health Department 1615 West Eighth Street Topeka, Kansas 66606	John Lynch, M.D. Associate Project Director 1001 Garfield Topeka, Kansas 66606 (913) 357-0301
		IEU Nurse Geneva Panton, R.N. Topeka-Shawnee County Health Department (913) 233-8961

Salina

St. John's Hospital  
P. O. Box 214  
Salina, Kansas 67401

E. Dean Bray, M.D.  
Associate Project Director  
311 North Mill  
Minneapolis, Kansas 67467  
(913) 392-2144

IEU Nurse  
Loretta Kreie, R.N.  
St. John's Hospital  
(913) 827-5591

Wichita

Wichita State University Branch  
University of Kansas,  
School of Medicine  
Fairmount Towers  
2221 North Hillside  
Wichita, Kansas 67219

Frederick Wolfe, M.D.  
Associate Project Director  
345 North Hillside  
Wichita, Kansas 67214  
(316) 685-1335

IEU Nurse  
Marjorie Wilbur, R.N.  
WSU Branch  
(316) 689-3144

The units will be staffed by a full-time arthritis nurse specialist and a full-time secretary. The nurses completed a three and one-half month intensive course in rheumatology and IEU operation on November 27, 1974; and the secretaries will complete a one-week course in IEU operation at the University of Kansas Medical Center during the week of December 16. Each IEU will be directed and supervised on a part-time basis by a local rheumatologist, whose name appears above, as associate project directors. The Project Executive Committee will be made up of the Project Director, Associate Project Directors, as well as a representative of the Kansas Chapter of the Arthritis Foundation and of the KRMP. The arthritis nurse specialists have been trained to have a broad knowledge of the major rheumatic diseases, as well as having considerable skill in collecting and recording history and physical assessments utilizing the data base recently evolved by the American Rheumatism Association and compatible with the automated and semi-automated format currently in use by the Rheumatic Diseases Division at Stanford University.

While the arthritis nurse specialists were completing their training program, the unit directors supervised the establishment of the IEU physical sites. In addition, they have recruited local physicians and Allied Health Professionals who wish to serve as consultants and arthritis care team members. They have also recruited as large a panel as possible of physicians and allied health professional who are willing to accept referrals from, and possible make referrals to, the IEU. The IEOs will serve as a highly visible point of access for information about and entry into the existing local health care system. They provide individual and group informational services to arthritis patients and their families either at the request of these individuals or preferably upon referral from their private

physician. They also have the capability of providing initial or ongoing history and physical assessment either preliminary to referral to a private physician or subsequent to referral by such physicians. A primary role of each IEU is to offer coordination of the various team members recommendations for management of an individual arthritic patient as a supportive service for participating team members or co-operating referring physicians. If requested to do so, they are capable of establishing, evaluating and monitoring a patient's individualized "basic program" with a coordinated progress report going back to the referring physician and other involved allied health professionals to simplify continuing follow-up by team members.

Consultant and participating team members are conducting team staffing demonstrations at least twice a month in conjunction with the IEU staff and unit director. All area physicians and allied health professionals are invited to attend and participate in these demonstration staffings both as a means of professional education as well as improved patient care. Every two months one of the four IEUs serves as host for the other units, and will conduct a "super staffing demonstration." These meetings will include an outside guest speaker as well as discussion groups and workshops for physicians and allied health professionals.

Individual IEUs are also encouraged to develop and conduct group classes on arthritis in conjunction with the Kansas Chapter of the Arthritis Foundation. They are also being encouraged to develop and implement other types of physician education programs that are particularly suited to their local area.

Project evaluation and coordination is the responsibility of the project director acting with concurrence of the Project Executive Committee. Evaluation of the nurse specialists training program has been conducted with pre and post testing for factual knowledge as well as trainee and faculty evaluation of each phase of the training process including direct faculty supervision of patient evaluation and basic program monitoring in the Arthritis Clinics at KUMC and the KCVA Hospital and finally in the KUMC IEU itself. When the individual IEUs become operational on January 6, 1975, a complete log of unit activities will be kept as well as evaluative information from patients, physicians and allied health professionals. Evaluation and progress reports performed by the unit staff will be sent to the project headquarters in Kansas City for processing and/or recording. The numbers and types of patient and physician contacts with the units as well as the units response to these contacts and the individual evaluations of the quality and value of these responses will form the primary basis for ongoing evaluation of the project.

### Educational Support

The Division of Immunology, Allergy and Rheumatology of the Department of Medicine with the assistance of the Department of Physical Medicine and Rehabilitation and the Department of Orthopedic Surgery provided most of the faculty and resources for the nurse specialists training program as well as the project director and the KUMC IEU director. Finally, the Division of Nursing Education at KUMC provided a large segment of the Arthritis Nurse Specialist Training Program by including these trainees in the history and physical assessment segment of their Nurse Practitioner Training Program. The Arthritis Nurse Specialist Training Program concluded on November 27, 1974. The individual IEUs will become operational on January 6, 1975.

We believe that the foregoing fairly summarizes our plans for the Kansas Arthritis Project as well as our current status and some of our plans for ongoing evaluation. We suspect that our plans will have much in common with many of the other projects and knowing the common features and possibly by incorporating some of the uncommon, but generally suitable ideas of others, we are confident we can evolve a coordinated evaluative methodology that will permit not only an organized and meaningful consideration of the present program over the next year, but also assist in implementing and expanding a national arthritis centers program in the future.

METROPOLITAN WASHINGTON  
REGIONAL MEDICAL PROGRAM



2007 Eye Street, N.W.  
Washington, D.C. 20006  
Telephone: 202/223-8050

Vaughan E. Choate, Program Coordinator

Project: "Pilot Arthritis Center in the Inner City"

Location: Washington Hospital Center  
110 Irving Street, N.W.  
Washington, D.C. 20010

Director of Project: Werner F. Barth, M.D.  
Chief, Section of Rheumatology

Objectives:

- 1) To develop, strengthen, and improve the care of inner city patients with arthritic diseases.
  - a. provide medical services and treatment not currently available to these patients.
  - b. develop a planned program of patient education and rehabilitation
  - c. train a registered nurse as a rheumatologic nurse-practitioner.
  - d. develop a system to improve patient compliance and prevent patient loss.
  - e. to assist patients with a wider range of social problems, specifically those patients out of jobs because of their disability.
- 2) To determine the magnitude of arthritis problems in the inner city.
  - a. define the relative frequency of various rheumatological disorder in the inner city.
  - b. define the needs of inner-city patients for arthritic management.
  - c. determine the cost of these needs.



Activity:

The Washington Hospital Center proposes to collaborate with the Shaw Community Health Center, a primary care facility, in a joint effort, in offering better care to inner city patients using the facilities and resources of both Centers. The Shaw Center is serving a target population of 80,000. Twelve percent (or 4500) of all clinic visits to the Center are arthritis-related.

The Washington Hospital Center will use a multi-disciplinary approach to both diagnosis and treatment. The medical team will consist of the prime investigators a rheumatology fellow, rheumatology nurse, two rheumatology attendants, a physical therapist, and an orthopedic attendant. Other needed supportive services, such as social services, will be provided at both Centers.

The Metropolitan Washington Regional Medical Program has established a Community Arthritis Technical Review and Advisory Committee with its members representing providers and consumers. This Committee will be active throughout the tenure of the project's activity.

Project: "Comprehensive Care Programs for Arthritis"

Location: Freedmen's Hospital-College of Medicine  
Howard University  
6th & Bryant Streets, N.W.  
Washington, D.C. 20001

Director of Project: Kenneth I. Austin, M.D.  
Assistant Professor of Medicine  
Chief, Division of Arthritis

Objectives:

The Medical Center proposes to establish a Comprehensive Care Program for the arthritic wherein would be provided in-patient service (medical service of Freedmen's Hospital), clinic service (arthritis clinic of Freedmen's Hospital) and home care services. The overall objective of the program are relief of pain, long range of deformity, and maintenance of the patient's role in society.

Activity:

- A. (1) Develop and embark on a publicity campaign to educate local physicians, paramedical personnel, neighborhood health centers, social agencies and the public concerning the availability of the services provided by the program.
- (2) Identify, beginning the current clinic population, those patients who are not attending clinic (arthritis or physical therapy) as often as would be desirable for optimum benefit because of their physical limitations.

- (3) Determine whether patient requires to be placed on home care program with visits by physician's assistant, nurse, physical and occupational therapist and social worker to visit patient's home and provide public health nurses, homemakers and health aide services when required.
- (4) Educate patient and family in planning health care to offset negative aspects of arthritis treatment due to lack of understanding, poor motivation, poor physical arrangements with home, or negative attitude of family members.

Plans have been made to have periodic sharing sessions between both project directors and MW/RMP Arthritis Advisory Committee. It is felt that these sessions will be very helpful in coordinating total arthritis activities.

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## MICHIGAN ASSOCIATION FOR REGIONAL MEDICAL PROGRAMS

SUITE 200/1111 MICHIGAN AVE./EAST LANSING, MICHIGAN 48823/TELEPHONE 517-351-0290

MICHIGAN PILOT GERIATRIC ARTHRITIS CENTER

### SUMMARY DESCRIPTION

The aim of the University of Michigan Center is to conform with the overall arthritis thrust initiated in Regional Medical Programs and made possible by the 1974 Congressional earmark of \$4,500,000. The objectives of pilot arthritis center patient care activities were variously defined to include improved diagnosis and treatment by a multidisciplinary team utilizing conservative management in the least intensive care setting to achieve prevention, delay and reduction of pain, loss of function, disability and loss of work due to arthritis. This care should be delivered to a defined population<sup>2</sup>.

The Michigan Pilot Geriatric Arthritis Center has adopted these objectives for its target population, defined as "residents of Washtenaw County, Michigan, at least 55 years of age, who have rheumatic problems." As a second objective the Center was to be a model of geriatric arthritis care which in its efficiency and effectiveness would be suitable for widespread replication.

In this Center a comprehensive approach is taken to resolve unmet needs of the arthritis patient, especially those out of reach of health services by reason of infirmity, remote geographic location or limited financial resources. The service program emphasizes a holistic view of the older person and his needs. A spectrum of health professionals participate in delivering service. Utilizing the team approach, opportunities exist for cooperative planning and participation by physicians, a podiatrist, nurses, social scientists and workers, physical and occupational therapists, a nutritionist, counsellors, administrators and others with experience in the health services. Establishment of the Center entailed expansion, elaboration and community orientation of services available in the Arthritis Division, Department of Internal Medicine, University of Michigan Medical Center.

Agencies represented on the Advisory Board and care staff include the Arthritis Division and Department of Postgraduate Medicine and Health Profession Education of the University of Michigan Medical Center, the Institute of Gerontology, the School of Public Health,

1. Guidelines and Review Procedures for Arthritis Program, BHRD, HPA, PHS. February 21, 1974, pp 3.
2. op. cit, pp 1

Washtenaw County Health Department and the Arthritis Foundation. The Washtenaw County Council on Aging, Incorporated, the recognized agency servicing the total population of the aged in Washtenaw County, has been an especially critical resource, assuring ongoing community liaison and support, program development and direct service to the aged, particularly those who are members of a minority group, low income, and pre-institutionalized.

In the 3 months since its beginning, including 2 months of full operation, the program has become a functioning, effective and publicly recognized arthritis service.

The Program Director is:

Ivan F. Duff, M.D., Professor of Internal Medicine and Physician in Charge, Arthritis Division, University Hospital, Ann Arbor, Michigan, assisted by 5 Co-Directors who comprise an Executive Committee. They are:

Marjorie C. Becker, R.P.T., Ph.D., for Health Service Delivery

Jane L. Barney, M.S.W., Institute of Gerontology for  
Geriatric Services

O. Lynn Deniston, M.P.H., School of Public Health, Program  
in Health Behavior, for Evaluation

Roland G. Hiss, M.D., Department of Postgraduate Medicine,  
for Education

William M. Mikkelsen, M.D., Arthritis Division, for Health  
Service Delivery

Policies of the Executive Committee are reviewed by an 18 member  
Community Advisory Board representing consumers (including Program  
clients) and providers. Input from the community to careful rational  
planning of the Program and its associated physical and social  
environment will be significant to development of a Pilot Center of  
excellence.

The Center program has 3 components: health service delivery, educa-  
tion of patient, family and provider and program evaluation. Evalua-  
tion was not permitted by the sponsor, but we considered it so  
essential that alternative funding for this component has been  
obtained.



NEW MEXICO REGIONAL MEDICAL PROGRAM  
2701 FRONTIER N.E. □ SURGE BLDG. □ ALBUQUERQUE, N.M. 87131  
PHONE 505: 277-3434 □ AT THE UNM HEALTH SCIENCES CENTER

**Pilot Arthritis Project  
New Mexico Regional Medical Program**

**I. Purpose and Objectives**

The improvement of the quality of care for the arthritis sufferer in New Mexico:

- A. The identification of persons with arthritis in the outreach area through contact and coordination with existing health agencies.
- B. The introduction to the health care system of those persons with arthritis by information and referral and the facilitation of third party payment when possible.
- C. The improvement of the quality of care for the arthritis sufferer through education activities at all levels (patients and their families, Allied Health Professionals and physicians).

**II. Nature and Locale: (New Mexico population - 1.016 million, area - 121,666 square miles)**

- A. The opening of the main office at Albuquerque, New Mexico (population - 300,000; location - Central):

John M. Hunt, Administrative Director  
114 Amherst, S.E.  
Albuquerque, New Mexico 87106

The establishment of two pilot center offices and placement of Community Resource Workers. One in Taos, New Mexico (population - 4,000; location - North Central) at Holy Cross Hospital:

Donald E. Holden, CRW  
General Delivery  
Taos, New Mexico 87571

One in Las Cruces, New Mexico (population - 65,000; location - South-western):

JoAnn Marquez, CRW  
211 West Griggs  
Las Cruces, New Mexico 88001

- B. The composition of a Traveling Resource Team (Rheumatologists, Orthopedists, OTR, RPT) to serve as consultants to private physicians in the outreach areas (local OTRs and RPTs are being used as team members).
- C. The development of the training team (Rheumatologists, Orthopedists, RNP, OTR, RPT, Psychiatric Nurse) to be used in Albuquerque, Las Cruces, Farmington (Northwestern), Portales (Southeastern), and Santa Fe (North Central). Specific training programs include physicians via TRT, one FNP in year long Rheumatology training at Albuquerque, three day workshops for FNPs and PAs, day long workshops for RNs, LPNs, OTRs, RPTs, and other AHP. Patient and patient family education programs in conjunction with TRT and AHP training visits.

### III. Sources and Employment of Education Curricula

Training programs developed by the University of New Mexico School of Medicine, Department of Medicine, Division of Rheumatology. Procurement and distribution of Arthritis Foundation literature and audio-visual material for patients, AHP, and physician education as well as the preparation and production of the new material.

### IV. Community Resources Involved

- A. Statewide - The New Mexico Chapter of the Arthritis Foundation (Medical and Scientific Committee), RMP - Manpower Registry and related programs, New Mexico Association of Home Health Agencies, Indian Health Service, Division of Vocational Rehabilitation, State Health Agencies (State Department of Public Health), New Mexico Nurses Association, and Schools of Nursing.
- B. Taos - Taos County Unit of the Arthritis Foundation, private physicians, Holy Cross Hospital, HSSD, Indian Health Center, Centro Campesino de Salud.
- C. Las Cruces - Dona Ana County Unit of the Arthritis Foundation, Public Health Department (Public Health Officer), HSSD, private physicians, Dona Ana County General Hospital.
- D. Albuquerque - Bernalillo County Unit of the Arthritis Foundation, UNM - BCMC - Adult Arthritis Clinic, Public Health Department, Family Health Centers, HSSD, UNM Department of REC and PE (therapeutic pool).

### V. Community Coordination

The utilization of existing information and referral network and the participation in the development of such systems and areas where they do not already exist.

THE ASSOCIATION FOR THE  
NORTH CAROLINA REGIONAL MEDICAL PROGRAM

Executive Office

4019 North Roxboro Road, P. O. Box 8248, Durham, N. C. 27704

919-477-0461

Program Component:

North Carolina Chapter, The Arthritis Foundation

Component Director:

John L. Kline, Executive Director  
906 Ninth Street, P.O. Box 2505  
Durham, N.C. 27705

Purposes:

- To perform program coordination, monitoring and evaluation.
- To carry out a pilot patient/industry arthritis program.
- To operate a patient referral program.
- To provide patient and professional education materials.

Locations:

Chapter offices in Raleigh, Durham, and Charlotte.

Methodology:

1. Evaluation and reporting - operational and fiscal data is collected by each program on specially designed forms and sent to the Arthritis Foundation (NCAF). The data will be tabulated, analyzed and reported regularly to all program components. A system of functional categories has been developed to measure patient progress.
2. Patient referral - The NCAF operates a patient referral system to provide the patient's family physician with information which facilitates referrals to the most convenient treatment facility. Since NCAF already served as a focal point for information on arthritis, it was ideally suited for this test. The NCAF has received responses from over 400 physicians in the State who have expressed interest in treatment and diagnostic centers for their patients. Further, the same physicians have requested that they receive distributions of professional and educational materials for their patients.
3. Patient/Industry Program - NCAF has launched a pilot patient/industry arthritis program in a cooperating industry which has implant medical staff. This program includes professional training for the medical personnel to facilitate early detection of arthritis and to enhance the counseling and referral function. Further, this program includes a patient education

component which encourages employees to seek early treatment of the disease. Proper employer/employee education should greatly reduce the present problem of arthritis victims hiding their disease for fear of losing their jobs.

4. Professional Education - has been undertaken in support of the five pilot arthritis centers included in this program. This education program includes both medical personnel and patient components. Medical materials and texts are being distributed by NCAF to physicians requesting them. In addition, a series of education materials now available from other sources is produced and distributed to the program elements for education of physicians and medical personnel.

**Program Component:**

Orthopedic Hospital and Rehabilitation Center

**Component Director:**

Paul Young, M.D.

Orthopedic Hospital and Rehabilitation Center

One Rotary Drive

Asheville, N.C. 28803

**Purpose:**

Expand an existing delivery system using paramedical personnel. Improve cost/effectiveness of treatment by using antimalarial drugs with monitoring.

**Location:**

Orthopedic Hospital and Rehabilitation Center

**Methodology:**

The focus of the Orthopedic Hospital and Rehabilitation Center (OHRC) project is a significant expansion of an existing delivery system through the increased use of paramedical personnel and the expanded utilization of antimalarial drug treatment and monitoring to significantly improve the cost effectiveness of treatment. Specifically, the delivery system is being expanded through the following steps:

1. train registered nurses to monitor drug toxicity;
2. train registered nurses and other paramedical personnel to perform patient screening functions;
3. train registered nurses as a physician's assistant to deliver routine followup services, thereby reducing rheumatologist time required per patient;



4. train a physical therapist to deliver educational information to arthritis patients; and
5. establish a station for the evaluation of retinal function and monitoring of potential retinal toxicity of antimalarial drugs in areas not conveniently located to OHRC.

In total, it is estimated that the existing delivery system will be expanded from the pre-grant level of four sessions per month to four sessions per week at OHRC. Even more important, the expansion will accommodate from two to four times as many patients per physician hour as is now possible in the office of private rheumatologists. This capacity increase is made possible entirely through the expanded use of paramedical personnel; no increase in physician time is anticipated.

**Program Component:**

Bowman Gray School of Medicine

**Component Director:**

Robert Turner, M.D.  
Department of Rheumatology  
Bowman Gray School of Medicine  
Winston Salem, N.C. 27103

**Purpose:**

To augment health care seminars presently being delivered at several locations in the area.

**Locations:**

North Carolina Baptist Hospital, Winston Salem  
East Bend Community Family Physician Assistant Clinic,  
East Bend  
Farmington Nurse Practitioner Clinic, Farmington

**Methodology:**

In each location, an existing health care delivery system has been expanded to include an arthritis team on a regularly scheduled basis. Care is delivered on site and if necessary, refer the patient to Bowman Gray Medical Center for treatment.

Emphasis is placed on utilizing a nurse practitioner for the delivery of primary care. After initial physician contact, it is planned that physician/patient encounters would be approximately every three months. More frequent encounters would be at the discretion of the nurse practitioner.

#### Other Features:

Training and educational materials are available through the Arthritis Foundation of North Carolina for medical personnel and patients. Most patients are self-referred to the rural clinics by press releases printed in community newspapers.

#### Program Component:

University of North Carolina School of Medicine

#### Component Director:

William Yount, M.D.  
Department of Immunology  
Butler Building  
University of North Carolina  
Chapel Hill, N.C. 27514

#### Purpose:

To expand service delivery.  
To develop model arthritis clinics.  
To conduct a statewide professional arthritis symposium.  
To determine the prevalence of arthritis in the hands of textile workers.

#### Locations:

UNC School of Medicine, Chapel Hill  
Wake Memorial Hospital, Raleigh  
Moses Cone Hospital, Greensboro  
Pinehurst Clinic, Pinehurst

#### Methodology:

The arthritis referral clinic at N.C. Memorial Hospital has been expanded from 30 to 60 patients per week. Arthritis teams are visiting four hospitals in Piedmont, North Carolina to conduct a day-long arthritis consultation clinic. Visits are once per month per hospital.

An annual professional symposium will be sponsored for all physicians in the State to further disseminate the latest techniques for the treatment and management of arthritis. This symposium provides a vehicle for synthesizing expertise developed in the various clinics in this program and the dissemination of this information to interested physicians throughout the State.

A special study is being developed in cooperation with a North Carolina textile plant to determine the prevalence of arthritis in the hands of a selected sample of employees. Physical examinations and x-rays will be employed.

# NORTH DAKOTA REGIONAL MEDICAL PROGRAM

2200 LIBRARY CIRCLE

GRAND FORKS, NORTH DAKOTA 58201



TELEPHONE: 701-775-5535

## I. Purpose:

The Arthritis Clinic Program which was funded through the North Dakota Regional Medical Program has been organized with the primary purpose of creating two functioning arthritis clinics committed to the diagnosis, functional evaluation and treatment recommendations of patients with arthritis primarily those with rheumatoid arthritis and inflammatory joint disease.

## II. Locale:

The Arthritis Clinic Center is located in Fargo in Children's Village, Dakota Hospital and Dakota Medical Foundation on South University Drive. The Clinic center in Grand Forks is located at the Rehabilitation Center of North Dakota University School of Medicine.

## III. Project Directors:

### In Fargo:

Dr. John Magness  
Arthritis Clinic  
Children's Village  
Dakota Medical Foundation  
Fargo, ND 58102

### In Grand Forks:

Dr. Donald Barcome  
University of North Dakota  
Rehabilitation Center  
School of Medicine  
Grand Forks, ND 58201

## IV. Methodology:

The methodology of the Clinic includes a commitment to the following areas:

1. Limitation of the Clinic activities to patients with joint disease as a single system oriented clinic program.
2. Maximal use of allied health personnel in the evaluation of the patient and documentation of the patients functional, vocational, psychological and medical data.
3. Evaluation of all patients and collected data by a multispecialty physician review panel.

4. A follow-up Outreach Program into the home environment via the public health nursing system and the local physician for treatment implementation.
5. Rheumatologic education which should include not only medical student and residency education but also allied health educational programs including the involved disciplines of social service, occupational therapy, physical therapy, nursing specialists and pharmacy programs.

It is the projected plan of the clinic at the present time to utilize the standard data base for rheumatic disease as utilized by Dr. James Fries of the Stanford University Medical Center as a guide for collection and classification of patient data. The diagnosis made will be diagnosed and categorized under the American Rheumatism Association criteria. Evaluation will be done in the medical, social, vocational, psychological, and medicational areas and precise methods of presenting this material to a physician panel created and the treatment programs will be recommended and carried out at the local level under the direction of the clinic as it is able to project surveillance through the public health nurse and the local medical doctor.

The above program is being implemented by a staff of 14 people consisting of physicians in internal medicine, orthopedics and rehabilitation medicine, and a supportive staff including physical and occupational therapy, social services, nurse specialists, educational coordinators and pharmacist support.

#### V. Involvement of Community Resources:

Doctors involved in the Arthritis Clinic Program comprise all segments of the medical community and the Arthritis Clinic Program is at present supported by the University of North Dakota School of Medicine, North Dakota State University School of Pharmacy, the Fargo Moorhead Area Health Education Center and the Dakota Chapter of the Arthritis Foundation. It is our intention to select patients with rheumatoid arthritis and inflammatory joint disease preferentially into the clinic program as it is felt that these patients are in the greatest need of treatment in our area.

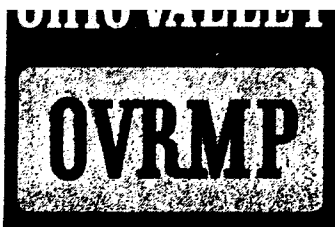
#### VI. Specific Programs:

1. **Pharmaceutical Services:** The pharmaceutical service will be designed so that medicational histories are taken by the pharmacist and the medication history evaluated and prescribed medicines are screened for medicational interaction. Follow-up on compliance with prescribed medications will be made on an outpatient basis so that optimal therapy may be achieved. The Pharmacist will review with the patient the possibility of side effects, the importance of regimen compliance, and evaluate all other medications in the patients program for possible pharmacologic incompatibility.

2. **Social Service Department:** The Social Service Department in conjunction with the arthritis nurse specialist will be responsible for initial contact with the patient and collection of some data prior to the patient being seen at the clinic. Social Service Department and the Nurse Specialist will also be responsible for organization of the rural Outreach Program for follow-up to determine adequacy of home program particularly in occupational therapy and physical therapy and for compliance with the medicational program and need for additional help in the home environment. A vocational study will be made to evaluate the improved vocational orientation of the patient during continued medical surveillance. The Social Service Department has organized a one day workshop in January in both Grand Forks and Fargo to instruct Public Health Nurses in the care of the arthritic patient and the function of the arthritic program in their areas.
3. **Physical and Occupational Therapy Departments:** The Physical Therapy and Occupational Therapy Departments are organizing functional evaluations that will assess the ability of the patient to do activities of daily living and creating an upper extremity profile to determine the extent of the disease involvement in the upper extremity. Homemaking and home assessment forms will be developed to project need for architectural review and adaptive equipment in the home environment. The physical therapist will be actively involved in determination of the activity of the disease including measurement of specific parameters of disease activity and determination of quantitative studies of joint involvement.
4. **The Arthritis Nurse Specialist:** The Arthritis Nurse Specialist will be involved in helping to interpret patient interview sheets and obtaining maximal patient evaluation and examination data prior to the patients being reviewed by the physician. This Nurse Specialist in addition to the other members will be trained in collecting data so that it can be projected as part of the standard data base for rheumatic diseases.
5. As a result of special interest, there will be nutritional analysis carried on in the Grand Forks project utilizing the United States Nutrition Laboratory personnel in conjunction with the Rehabilitation Center Staff.

## VII. Summary

The organization of the North Dakota Arthritis Clinic Program is designed primarily to provide diagnosis, patient evaluation and treatment recommendations in a rural area with maximal use of allied health personnel for collection of patient data with optimal use of the standard data base for presentation and recording of this data with a multispecialty physician panel review of the patients problem and with a comprehensive Outreach Follow-up Program in order to determine adequacy of the continuing home treatment program.



1733 Harrodsburg Road  
P.O. Box 4098  
Lexington, Kentucky 40504  
(606) 278-6071

Project Number: 049

Title: Comprehensive Arthritis Care Program with Home Care

Project Director: David H. Neustadt, M.D.  
Chief, Section on Rheumatic Disease  
Department of Medicine  
University of Louisville School of Medicine  
500 South Preston Street  
Louisville, Kentucky 40202  
Telephone (502) 585-4163

Setting: The arthritic population of more than 82,000 in the three-county Louisville metropolitan area is too large to be effectively served by the existing clinical facilities for rheumatologic diagnosis and treatment. To date only a small percentage of Louisville area patients with serious rheumatic diseases have been receiving specialized rheumatologic medical care.

The arthritis clinic of the Louisville General Hospital, which is the teaching facility for the University of Louisville School of Medicine, had been able to see and give adequate attention weekly to approximately 25-30 follow-up patients and 2-3 new patients. However, outside of the one day a week the arthritis clinic was held, there was no staff readily available to handle patient management problems. Prompt patient evaluation, effective treatment programs, and adequate follow-up were all hampered by the lack of trained para-medical personnel and the enormous patient load requiring attention.

Project Activities: This comprehensive arthritis treatment program is designed to improve and expand care of arthritic patients to obtain timely follow-up care and reduce the frequency of clinic visits and hospitalization. Key to this effort is a coordinator of patient services who will, under the direction of the rheumatologist, evaluate each arthritis clinic patient and develop a comprehensive management program. This management program will be geared toward obtaining optimal utilization of existing community resources such as social service agencies, vocational education and rehabilitation centers, home care agencies and other appropriate organizations and people. The coordinator will further serve as liaison between the arthritis clinic and these various community resources.

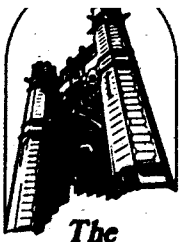
It is expected that utilization of home care services and other community resources for the long term follow-up and treatment of chronic arthritis patients will result in better care while reducing the frequency of clinic and hospital visits. As a further consequence, the caseload of the weekly arthritis clinic should become primarily new patients, particularly those with multiple problems with a lesser number of old patients returning to check on potential complications or obtain treatment for new problems.

Pertinent patient care data will be collected and evaluated to demonstrate the effectiveness of this approach over the course of the pilot project.

Another major activity of the coordination of patient services will be patient education. A questionnaire has been prepared and administered to arthritis clinic patients in order to determine both collectively and individually, patient understanding of their disease and problems involved in coping with it. Information obtained in this manner will be used to structure educational programs aimed at patients and their families as well as to other groups.

Finally, the project director and coordinator of patient services will work with existing educational resources such as the University of Louisville Office of Continuing Education, the Arthritis Foundation, professional organizations, and other groups to develop programs and seminars dealing with arthritis treatment and management.

In summary, Dr. Neustadt's project is designed as a comprehensive program for rheumatoid arthritis and other systemic arthropathies emphasizing proper long term management to control symptoms and restrain the disease utilizing existing community resources and thus expanding the capacity of the arthritis clinic by reducing the frequency of clinic visits and hospitalization.



The  
*University of Oklahoma*  
*Health Sciences Center*

800 N.E. 15th, Room 405

Oklahoma City, Oklahoma 73104

(405) 271-5731

*Oklahoma Regional Medical Program*



## INTRODUCTION

Oklahoma is unique among the states of the United States in that a formal medical training program in arthritis for physicians has never existed at the Oklahoma University Health Sciences Center (OUHSC). Only recently have medical students and physician trainees participated, even to a limited extent, in the arthritis programs at this medical center. As a natural consequence, the medical education system produces physicians entering practice throughout Oklahoma who have had other specialty interests with little or no knowledge about diagnostic and treatment aspects of arthritis. Primary care physicians in rural areas are too often left on their own to manage patients with severe, progressive rheumatic diseases.

The OUHSC and the Oklahoma City Veterans Hospital (OCVAH) have only recently developed a beginning arthritis program but this service has not been promoted extensively as a resource for early referral by rural community physicians.

Both institutions have had arthritis clinics staffed by a single internist-rheumatologist and the clinics are simply too understaffed to have much of an impact on the total arthritis problem in Oklahoma.

## ACTIVITY PURPOSE AND OBJECTIVES

The major purpose is to further develop the OUHSC and OCVAH as major resources for the early referral of patients with arthritis with costs to the patient kept to a minimum or even eliminated in some instances. It is planned to have two full time rheumatologists to operate this consultation service. Orthopedic evaluation and treatment will be readily available through the OUHSC.

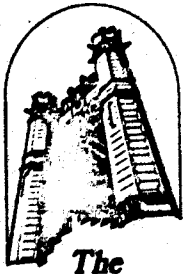
The major objective of the program will be to provide a major resource to physicians in a selected rural area for referral of their patients with arthritis problems early in the course of the disease thereby enabling continued care by the referring physician with close support and cooperation of all clinic services. Cost effectiveness of the services will be attained by using trainees and medical students to assist with initial evaluation procedures. Elimination of unnecessary x-ray and laboratory procedures and reducing hospital in-patient care to the lowest level consistent with quality care standards will also control and contain costs to a greater degree. The direct responsibility for the patient's care will more effectively be retained in the hands of the primary care physician who knows the patient's family, environment and community resources the best.

## NATURE AND LOCALE OF ACTIVITIES

### O.U. HEALTH SCIENCES CENTER:

Plans are under way to increase the number of arthritis clinics at the OUHSC from 2 sessions a week to 3 sessions per week. Eight or more examining rooms will be available for each clinic session. The two full time staff internist-rheumatologists and physicians from selected local private arthritis specialty





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**Health Sciences Center**

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Oklahoma City, Oklahoma 73104

(405) 271-5731

*Oklahoma Regional Medical Program*

clinics will attend most of the return visit patients. They will also be responsible for initiating all correspondence to community physicians. Physician trainees and senior medical students will provide for initial evaluation of all new patients. Patients will then be presented to one of the staff rheumatologists for decisions with regard to indicated laboratory and x-ray procedures, diagnosis, recommendations for management, and appropriate disposition for follow-up care. The clinic will be operated primarily to assist community physicians in making earlier decision with respect to the problems presented by their patients with rheumatic disease. The number of patients returning for long term care will thereby (hopefully) be kept to a minimum, consisting primarily of those patients with serious chronic rheumatic diseases who require follow-up care by a rheumatologist.

Another important part of the clinic's function will be to assist in disability evaluation. The clinic will work in close association with the disability evaluation section of the state welfare department and the vocational rehabilitation counselor at the OUHSC.

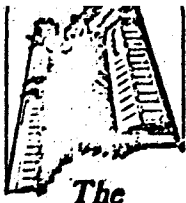
#### **OUTREACH PROGRAM - SOUTH CENTRAL OKLAHOMA:**

Promotion of the arthritis program will begin in 10 counties of south-central Oklahoma where a well established ORMP supported Regional Health Development Area Program (RHDAP) is now in operation.

Included in the RHDAP activities centered in Ada, Oklahoma, is a program element designed to provide an outreach program of public awareness through education and information directed toward the following categories of diseases: Hypertension, high blood pressure, kidney disease, pulmonary disease, and arthritis. Public information and education activities directed toward preventive health care will utilize services and systems of the following: (a) Oklahoma Heart Association, (b) Oklahoma Tuberculosis and Respiratory Disease Association, (c) National High Blood Pressure Education Program, (d) Oklahoma Cancer Society, and the (e) Oklahoma Arthritis Foundation.

Staff of the Ada RHDAP will provide basic services as necessary to assist the OUHSC based Arthritis Program in achieving its objectives. These services will include promotional efforts including information and referral and further assist in the scheduling of appointments for the Arthritis Clinic.

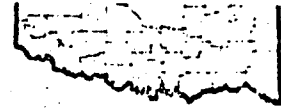
The sponsor of the Ada RHDAP is Valley View hospital which has a very excellent Physical Therapist department and a progressive program for physical rehabilitation. This will enable a direct relationship between the Arthritis Center program and follow-up rehabilitative services which will be accessible to arthritis patients in the area.



*The*  
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*Health Sciences Center*

800 N.E. 15th, Room 405 Oklahoma City, Oklahoma 73104 (405) 271-5731

OKLAHOMA REGIONAL TELECONFERENCE



Outreach education programs developed by the professional personnel of the Arthritis Center at OUHSC will be transmitted over the ORMP teleconference network for physicians and related professionals throughout the region. It is also probable that short-courses and institutes in arthritis will be held for various health professionals as the program progresses.

#### SOURCE AND EMPLOYMENT OF TRAINING AND EDUCATION CURRICULA

It is planned to have two physicians in training at all times to assist in the initial workup of patients who are referred. Interested senior medical students will also be encouraged to participate in this initial evaluation. Physicians in practice will be encouraged to come to the clinic to participate in the evaluation of the patients who are referred. Physicians from some of the local private arthritis speciality clinics will be invited to attend some of the clinic sessions. Several have previously participated in this consultation service and will continue to assist in the long term follow-up of these patients. This will occur in their own offices where this is appropriate. The clinic's activities will be designed to provide prompt and accurate evaluation of the patient's condition and prompt transmittal of this information to the referring physician along with recommendations for treatment. It is planned to re-evaluate patients at appropriate time intervals for any further diagnostic measure of changes in treatment program. The monitoring of patient follow-up and correspondence with referring physicians will be handled by a part-time clinic nurse and a full-time clinic secretary.



PILOT ARTHRITIS PROGRAM

SUMMARY

Project Sponsor: University of Puerto Rico School of Medicine

Project Title: Pilot Arthritis Program

Project Number (RMP number): 75-203-8355

Project Director and Staff Members:

Dra. Esther González Parés - Project Director  
Dr. William Matos - Assistant Director  
Dr. Susano de la Cruz  
Dr. Rafael González Alcover

All of them are staff members at the Medical Department, Rheumatology Section, School of Medicine, University of Puerto Rico. The Assistant Director is paid by the Regional Medical Program fund.

Locale of activities:

Central Clinic at the Puerto Rico Medical Center

Regional Clinic at the Bayamón Subregional Hospital

Goals and objectives

The final goal of the Regional Medical Program Pilot Arthritis Program is to significantly improve the accesibility and the quality of care received by patients with Arthritis in the island of Puerto Rico.

Its principal objectives are as follows:

- 1 Patients referred from the regional clinic will be evaluated, treatment started by the medical staff of the Rheumatology Section at the

Central Clinic at Puerto Rico Medical Center and sent back to the regional clinic for further treatment and management.

- 2 The project staff will develop an educational program and will train the staff physicians (general practitioners and internists) from the regional area that will serve in the peripheral clinics.
- 3 The project staff will establish a Regional Clinic closely associated with the Medical Center in which the trained physicians will continue the treatment of patients evaluated at the Medical Center Clinic.

### Methodology

- 1 Patients included in the project will be those referred to the Medical Center from the Northeastern Region of the island of Puerto Rico. The local health centers have been informed of our new facilities, so that new patients will have the opportunity of being evaluated and followed up by adequately trained personnel.  
  
These patients will receive an exhaustive evaluation and then will be referred to the regional clinic in their locality.
- 2 The educational program will be based on a series of conferences offered to the local physicians in the regional clinic area. The conferences had been programmed to be held during the months of november and december, 1974.  
  
The Project Assistant Director will fix the schedule and will develop the context of the course, while different staff members of the Rheumatology Section of the Department of Medicine at the Universi-

ty of Puerto Rico, School of Medicine will be in charged of each of the conferences to be offered.

The trainees will be summited to a "pre-instruction" and "post-instruction" evaluation in order to determine the efectivity of the course.

- 3 The Project will arrange with the local health center to provide the facilities neccesary to carry out the clinics.

The first regional clinic has been established in Bayamón Subregional Hóspital, which serves an estimated population of 336,900 inhabitants in 1974. In it, patients evaluated at the Central Clinic will receive further treatment. In the near future similar regional clinics will be established in the other four health regions of the island. This is subjected to the availability of human resources in the project.

The Subregional Area of Bayamón includes several municipalities (Bayamón, Corozal, Barranquitas, Comerío, Naranjito, Toa Alta, Orocovis, Vega Alta). The personnel at the local health centers of Northeastern Region has been informed of the new facilities, thus, we will be able to see on increased numbers of patients.

As a public service, the community has been informed of the new facilities for the treatment of arthritis patients through the mass media.

## Progress

The general Practitioners and Internists at the Bayamón Subregional Hospital had already taken the pre-instructional evaluation on November 4th, 1974. Subsequently the scheduled conferences to be held at this hospital are under way.

(during November and December, 1974). The series of conferences includes the following:

- 1 The structure, histology and pathology of joints.
- 2 Biochemistry of synovial fluids and connection tissue.
- 3 General immunology
- 4 Rheumatoid arthritis
- 5 Degeneration joint and disc diseases.
- 6 S. L. E.
- 7 Dermatomyositis Scleroderma, gout and pseudogout.
- 8 Rheumatic diseases
- 9 Systemic manifestations of rheumatic diseases (blood, eyes, skin, etc.).
- 10 Basics of surgical and physical therapy.

A Post-instructional evaluation and practical demonstration with patients will be given and the end.

In January, 1975, the regional clinic will be fully in operation.

# Regional Medical Program

December 9, 1974

Re: #107 - Restoration of the Arthritic  
to the Community

A clinic has been developed at the East Tennessee Children's Hospital which provides biomedical engineering, medical, social, nursing and physical therapy services to patients with muscular skeletal diseases. This clinic cooperates with United Cerebral Palsy, The Arthritis Foundation and the University of Tennessee.

Project Director: Edward J. Eyring, M.D., Ph.D.  
Suite 605  
Ft. Sanders Professional Building  
Knoxville, TN 37916

- Current Objectives:
- 1) To expand services, especially--
    - a) laboratory and therapy services,
    - b) environmental modifications,
    - c) the follow-up and referral systems.
  - 2) To make services available to children and to adults not eligible for the clinic for indigent persons at the University of Tennessee Medical Center.
  - 3) To stimulate regional awareness through publications and speaking engagements in the middle-east Tennessee area.

# Medical Program

December 9, 1974

Mr. Matthew Spear  
DRMP - DHEW  
11-07 Parklawn Building  
5600 Fishers Lane  
Rockville, Maryland 20852

Re: #108 - Regional Arthritis Center  
with Sub-Regional Clinics

Dear Mr. Spear:

The Appalachian Regional Arthritis Center is a non-profit organization, chartered under the laws of the State of Tennessee, for the sole purpose of establishing an arthritis treatment center in Chattanooga under the aegis of Baroness Erlanger Hospital and the University of Tennessee College of Medicine Clinical Education Center. All groups interested in arthritis will help raise the necessary money for the complete development of the Center (such as; patient service revenues, Middle-East Tennessee Arthritis Foundation, and chapters of the Foundation in each county to be served).

Project Director: Charles R. Richardson, M.D.  
Department of Internal Medicine  
Baroness Erlanger Hospital  
241 Wiehl Street  
Chattanooga, TN 37403  
615/755-7011

Objective: To accumulate a nucleus of staff which will eventually operate a clinic that will be affiliated with a series of clinics located strategically throughout the region.

Methods:

- 1) Provide services of a rheumatologist one day per week to see patients and consult with physicians.
- 2) Provide the services of two house officers to work with the rheumatologist and provide follow-up care as necessary.
- 3) Develop and implement a protocol for diagnosis and treatment in the clinic and protocols for physicians doing follow-up care in outlying clinics.



# Regional Medical Program

December 9, 1974

Re: #109 - A Total Care Program in Arthritis  
for Middle Tennessee

The project is administered by the Department of Orthopedics & Rehabilitation, Vanderbilt University School of Medicine, in cooperation with the Vanderbilt University School of Medicine and Affiliated Hospitals and the Middle and East Tennessee Arthritis Foundations.

Project Director: William G. Sale, M.D.  
Department of Orthopedics and Rehabilitation  
Vanderbilt University School of Medicine  
Nashville, TN 37232 615/322-2051

Objective: To coordinate the clinical care, patient education and social service needs on an individualized basis for the arthritis patient.

Methods:

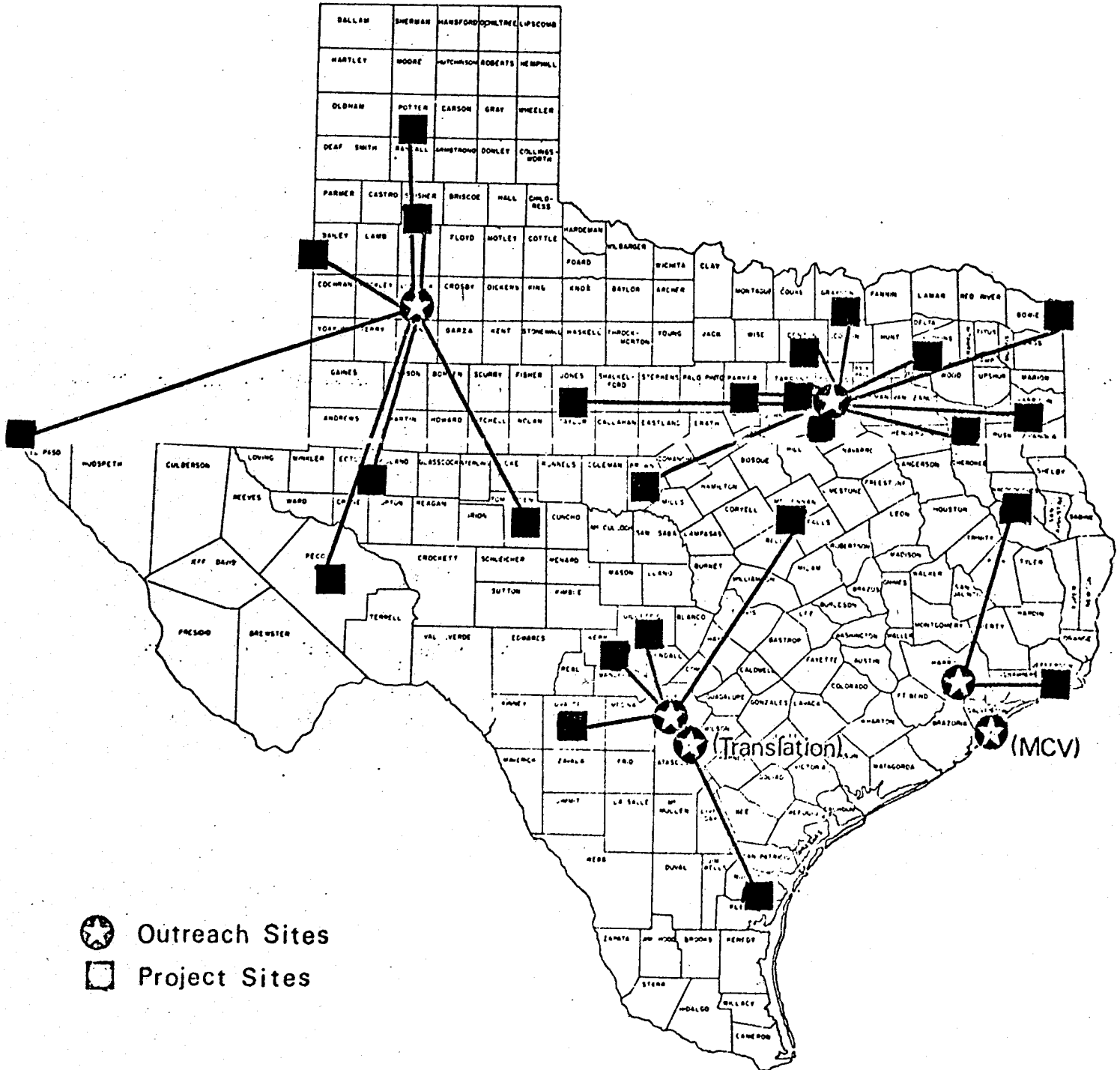
- 1) To establish combined clinics at Vanderbilt Hospital (1½ days/week), Nashville General Hospital (½ day/week) and Nashville Veteran Hospital (½ day/week)
- 2) To provide a therapeutic team, clinical specialist, physical therapist and project coordinator.
- 3) To further develop a problem-oriented protocol for use in assessing and treating the arthritic patient.
- 4) To coordinate the inpatient and outpatient care for the arthritic at the affiliated hospitals.
- 5) To utilize the Metropolitan Department of Public Health and Arthritis Foundation in the development and implementation of this project--especially home care, patient education and patient transportation.
- 6) To plan a combined discipline approach to the juvenile arthritis patient.
- 7) To work with the School of Nursing for specific training to be included in the nurse practitioner curriculum.
- 8) To coordinate Veterans Administration facilities in Nashville, Chattanooga, and Knoxville and future linkages with Meharry Medical College, Hubbard Hospital and Matthew Walker Clinic for the care of the arthritic.



# REGIONAL MEDICAL PROGRAM OF TEXAS

4200 NORTH LAMAR, SUITE 200, AUSTIN, TEXAS 78758

512/454-3555



Program: Minimal-Care Unit Demonstration

Institution: The University of Texas Medical Branch at Galveston

Project Director: Frank E. Emery, M.D.

Statistical Information (as of 12/1/74):

Unit size - 8 patient rooms housing 12 patients/1 each OT, PT treatment rooms

Daily cost - Patient cost \$4.00 per day, if spouse present \$6.00 per day

Date opened - October 1, 1974 - First patient October 7, 1974

Overnight occupants - 4 as of December 17, 1974

Outpatient occupants - PT 17 patient treatments

OT 12 patient treatments

Description: 8 individual patients

The University of Texas Medical Branch component centers around the demonstration of care of arthritis patients in a minimal-care facility near the medical center. This facility, supported by third-party reimbursement, provides short-term stay quarters operated on a self-help basis and is also a site for outpatient therapy. Therapists are trained on the unit and informational programs regarding the practicality of such a facility will be presented in the spring. Statistical data are being maintained on the cost, utilization, and acceptability of care through the minimal care unit.

The staff at UTMB is also working through the Area Health Education Center at Galveston to increase the exposure of allied health professionals to the latest information in the care of the arthritic patient. This training extends to programs throughout a seventeen-county area of South Texas.

Contact: Frank E. Emery, M.D.  
Arthritic Minimal Care Unit  
Unit "D"  
The University of Texas Medical Branch  
Galveston, Texas 77550

Program: Outreach and Post-graduate Education

Institution: Baylor College of Medicine (Houston)

Project Director: John T. Sharp, M.D.

Statistical Information:

Post-graduate seminars: 1 seminar scheduled in February

Physicians -

Allied Health Professionals -

Outreach Workshops Planned - 4

Outreach Workshops Completed - 2

Attendees (professional clinic) - 76

Description:

The Baylor component devotes its outreach programs to the area around and east of Houston. Several workshops have been conducted with good success. The concentration by Baylor is in outreach education for physicians. Outreach clinic sessions have been established through hospital staffs and medical societies.

Post-graduate seminars for physicians and allied health professionals are to be conducted. The physician seminar is planned for February and is expected to draw 50-75 area practitioners. A seminar for allied health professionals will be organized in cooperation with The University of Texas Medical Branch at Galveston minimal-care unit. This workshop is planned for spring and will emphasize the latest patient care methodology and exposure to the minimal-care process.

Contact: John T. Sharp, M.D.  
Rheumatology  
Baylor College of Medicine  
1200 Moursund Avenue  
Houston, Texas 77025

Program: Outreach and Post-graduate Education

Institution: Texas Tech University School of Medicine

Project Director: Bruce A. Bartholomew, M.D.

Statistical Information:

Post-graduate Seminars: 2 seminars scheduled

Physician - 1 seminar (30 attendees)

Allied Health Professional -

Outreach Workshops Planned - 6 to 7 seminars scheduled in March and April

Outreach Workshops Completed - 0

Attendees (public forum) - 0

Attendees (professional clinic) - 0

Description:

The Texas Tech component concentrates its outreach efforts in West Texas. A modest number of programs is planned because of the extreme distances to be covered. The outreach approach dovetails nicely with the medical school's educational approach of satellite clinical training. Assistance in setting up local seminars is provided by local arthritis chapter volunteers.

A post-graduate seminar was offered on November 15-16, 1974 in Lubbock. Staff from other component arthritis projects served as faculty with Texas Tech staff and out-of-state speakers. The thirty participants, composed of area physicians, School of Medicine staff, and senior medical students, discussed "Diagnosis and Treatment of Rheumatic Diseases". The program was evaluated as a practical and informative seminar.

Contact: Bruce A. Bartholomew, M.D.  
Chief, Division of Rheumatology  
Texas Tech University School of Medicine  
P. O. Box 4269  
Lubbock, Texas 79409

Program: Outreach Education

Institution: The University of Texas Health Science Center at Dallas

Project Directors: J. Donald Smiley, M.D. and Morris F. Ziff, M.D.

Statistical Information:

Outreach Workshops Planned - 10 Forums and 10 Professional Clinics

Outreach Workshops Completed - 4 Forums and 2 Clinics

Attendees (public forum) - 365

Attendees (professional clinic) - 33

Description:

This component is devoting nearly all of its RMP funded effort to outreach. They will try to reach as many as twenty communities by June, 1975. Initial programs have been most successful. Public attendance ranges from 100-300 while physician attendees at clinic sessions average about 30. This is particularly important in this area of the state, where outreach programs have been limited. Cooperation from the local arthritis chapters in setting up these workshops has been a key to their success.

Project staff, working through the Rheumatology Department, have been conducting clinic programs in the Family Practice Residency Program at John Peter Smith Hospital in Fort Worth. This effort has broadened the exposure of medical students, interns, and residents to the latest information about the diagnosis and treatment of arthritis and related diseases.

Contact: J. Donald Smiley, M.D.  
or  
Morris F. Ziff, M.D.  
Department of Internal Medicine  
The University of Texas Health  
Science Center at Dallas  
5323 Harry Hines Boulevard  
Dallas, Texas 75235

Program: Outreach and Post-graduate Education

Institution: The University of Texas Health Science Center at San Antonio

Project Director: Robert H. Persellin, M.D.

Statistical Information:

Post-graduate Seminars: 1 seminar scheduled  
Physicians -  
Allied Health Professionals -  
Outreach Workshops Planned - 13  
Outreach Workshops Completed - 7  
Attendees (public forum) - 698  
Attendees (professional clinic) - 323  
Teleconference Presentation 2 scheduled; 1 completed  
Attendance - 1,075

Description:

The outreach education programs of this component concentrate in South Central Texas. Presentations offered the public on "What's New in Arthritis Treatment" have been most popular with average attendance of more than 150. Clinical conferences address "Problems in Arthritis Treatment" and invite local physicians to present particular problem cases for discussion. Attendance at clinical presentations ranges from 20-50. The arthritis chapter staff and volunteers have been most helpful in the arrangement and scheduling of outreach programs.

A post-graduate seminar for physicians is scheduled for the spring in San Antonio. San Antonio and other project personnel assisted the Texas Tech staff in a post-graduate seminar for physicians in Lubbock in November and will help with a similar program for allied health professionals in Amarillo in May, 1975.

The subject of "Lab Aids in Arthritis Treatment" was offered via teleconference network from San Antonio on October 10, 1974. Nearly ninety sites (mostly hospitals) receive these therapeutic seminars. A program on "Crises in Arthritis" will be presented on January 9, 1975.

Contact: Robert H. Persellin, M.D.  
The University of Texas Health  
Science Center at San Antonio  
7703 Floyd Curl Drive  
San Antonio, Texas 78284

**Program:** Spanish Language Printed Material

**Institution:** South Central Texas Chapter, The Arthritis Foundation  
(San Antonio)

**Project Director:** Mr. Gilmer E. Walker

**Description:**

Several Spanish-language leaflets are currently in use in Texas. The presentation in many of these publications is complete and heavy in text. Experience indicates that most patients capable of reading such booklets can and would prefer to read them in English. The Chapter will re-do at least two popular arthritis brochures in the rudimentary language suitable for use among the area's Mexican-American communities. An initial supply of this material will be provided the other components for use in public outreach programs. Additional copies will be provided at cost when the initial supply is exhausted.

**Contact:** Mr. Gilmer E. Walker, Executive Director  
South Central Texas Chapter,  
The Arthritis Foundation  
4814 West Avenue, Room 111  
San Antonio, Texas 78213



### Advisory Committee:

The program advisory committee is organized primarily to carry out the evaluation process. This group of twenty-seven includes the six project directors, fourteen laypersons, and seven physicians. It is geographically representative. Members were selected from nominations from area arthritis chapters.

Individual members will attend, critique, and evaluate outreach programs. An evaluation process has been agreed to by the committee. Physician members will critique outreach clinics and post-graduate seminars. Results of evaluation will be forwarded to the Regional Medical Program of Texas and discussed with the responsible project director.

The advisory committee will meet about six times during the year. A steering committee composed of the project directors, a practicing physician, the RMPT director, and a lay member of the advisory committee acts between advisory committee meetings and serves as the operational policy group. The regional arthritis foundation representative serves ex officio on the steering committee.

INDEPENDENT REGIONAL MEDICAL PROGRAM  
Medical Care and Education Foundation, Inc.

Title: Tufts-New England Medical Center (TNEMC) Community Arthritis Program

Sponsor: Tufts-New England Medical Center

Director: Raymond E. H. Partridge, M.D.  
New England Medical Center Hospital  
171 Harrison Avenue  
Boston, MA 02111

Summary: This program will improve care of arthritis patients in communities in Maine and Massachusetts associated with the Tufts-New England Medical Center. Three community hospitals in Maine and five in Massachusetts will be selected for the purpose of demonstrating how the special knowledge and resources of an academic teaching center can be applied to the diagnosis and treatment of patients with arthritic disease in communities located at some distance from the Medical Center. The existing outreach of TNEMC including the TNEMC AHEC program forms the basis for this new arthritis endeavor. The resources of the Tufts Continuing Medical Education Program are also being used.

As of early December, 1974, project staff members have been devoting their time to development of sites for community arthritis programs in Maine and Massachusetts. In Maine, the decision was reached after consultation with the Maine Arthritis Foundation and concerned Maine residents to work in the geographically more remote communities rather than in the area of the state served by the Maine Medical Center in Portland. In January, 1975, an arthritis clinic will be started at the Eastern Maine Medical Center in Bangor. A consultant team from TNEMC will visit monthly. Local medical and para medical personnel will be involved and training will be offered where necessary. Negotiations are underway in the communities of Augusta, Presque Isle, Rockland and Rumford. From these, two additional clinic sites will be chosen.

In Massachusetts, St. Luke's Hospital at New Bedford has agreed to be the site of an arthritis clinic which will begin on January 9, 1975. Discussions are underway with hospitals in Fall River, Springfield, Salem, Medford, and Everett. Clinics will be developed in two or more of these. In the Boston area, it is planned to develop comprehensive arthritis training programs and patient care programs at Saint Elizabeth Hospital and at the Chelsea Soldiers' Home. Both of these institutions have strong ties to TNEMC.

Training: Plans are being made in conjunction with the Rehabilitation Services at TNEMC to institute special arthritis care training programs for physical therapists to work in the developing community arthritis clinics in Maine and Massachusetts. Nurse clinician training will develop with the appointment of a nurse clinician in the Rheumatic Disease unit at TNEMC. This person will participate in developing nurse clinician training programs in other Tufts associated hospitals.

## TRI-STATE REGIONAL MEDICAL PROGRAM

*Medical Care and Education Foundation, Inc.*

**Title:** Arthritis Care Center - Boston City Hospital

**Sponsor:** Trustees of Health & Hospitals of the City of Boston

**Director:** Edgar S. Cathcart, M.D.  
Boston University Medical Center  
University Hospital  
750 Harrison Avenue  
Boston, MA 02118

**Summary:** This program will improve care of arthritis patients in an urban setting served by the Boston City Hospital (BCH), the Boston University Medical Center (BUMC), the neighborhood health centers of the Department of Health & Hospitals, and the Home Medical Service of BUMC. The arthritis section of BUMC is a well developed, comprehensive unit. Its staff has the responsibility for operation of the Arthritis Screening and Evaluation Clinic of the Boston City Hospital, the Arthritis Clinic of BCH, the Arthritis Clinic of University Hospital, and the Arthritis Pediatric Clinic of BCH. The resources for management of arthritic patients at the Boston Veterans Administration Hospital are also affiliated with the Arthritis Center. The personnel and resources of the Departments of Rehabilitation Medicine of BUMC and BCH are also part of the Arthritis Care Center.

The objective of the Arthritis Care Center established by this present grant will be to see that the extensive resources of the BUMC-BCH complex are available to all who might benefit from them in the population served by the Department of Health & Hospitals of the City of Boston. Highly trained professional and para professional personnel will be employed and trained as necessary. Surveillance and evaluation will rely upon an existing financial management and patient service reporting system of the ambulatory care resources of the Department of Health & Hospitals. The classification systems of the Standard Data Base Study of the American Rheumatism Association will become part of the system. The time-oriented-computer format record developed at the Stanford University Medical Center will be used.

The Arthritis Care Center began operations on December 1, 1974.



# Virginia Regional Medical Program

700 BUILDING, SUITE 1025 • 700 EAST MAIN STREET • RICHMOND, VA. 23219 • PHONE (804) 644-1907

## SUMMARY

### Virginia Regional Medical Program Project #0046 - Rehabilitation of Arthritics in Virginia

The VRMP Arthritis Program in Virginia is composed of four (4) divisions: Tidewater - D. Edwards Smith, M.D.; Richmond - Elam Toone, M.D., Robert Irby, M.D. and Duncan Owen, M.D.; Northern Virginia - Paul B. Rochmis, M.D.; and Central Virginia - John S. Davis IV, M.D. and William O'Brien, M.D. The administration is primarily from the two medical schools involved; the Medical College of Virginia in Richmond (Doctors Toone, Irby and Owen) and the University of Virginia Medical School in Charlottesville (Doctors Davis and O'Brien).

Working through the Family Practice Unit (FPU), clinic visits from the MCV Unit have been established in Richmond Inner City, Providence Forge, Gloucester, and Blackstone. There are seven physicians specially trained in Rheumatic Diseases who visit these clinics on a regular schedule at which time the local physician schedules arthritic patients to attend for consultation and treatment. In addition, FPU residents are trained at that time in the care of arthritis patients.

From the University of Virginia, FPU residents are currently being exposed to consultation with patients and lectures on the subject of drug therapy and related matters. Clinic visits outside the area are being held twice monthly in Buckingham County and in southwest Virginia by rheumatologist H. C. Alexander, M.D. of Roanoke.

In northern Virginia, Paul D. Rochmis, M.D. is conducting monthly seminars on patient diagnosis and treatment. The first such clinic was attended by over thirty (30) area practitioners and four (4) patients were thoroughly examined and treatment prescribed.

In summary, the VRMP Arthritis Program (clinical aspects) did not begin with the funding date. Time was essential for orderly organization. A meeting of those concerned was held on December 7, 1974 at which time future plans were formulated for the balance of the funding period.

Those plans include: expansion of present activity into more areas, particularly in southwest Virginia; evaluation of effectiveness of the program (in April); and the use of physical therapists to a greater degree in treatment programs.

The program is being administered by the Virginia Chapter of the Arthritis Foundation, Mr. Fred Dabney, Executive Secretary.

When the program was first instituted, news releases were sent to and published in newspapers throughout the covered area. Since that time, all inquiries to the Chapter office have been channeled to the proper FPU.



## **WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM**

**200 MEYRAN AVENUE, PITTSBURGH, PENNSYLVANIA 15213 (412) 624-3320**

In response to your request for Summaries of Pilot Arthritis Programs we wish to submit the following data:

The purpose and objective of the Program is to develop and implement a coordinated network of Regional Arthritis facilities within the geographical boundaries of the WP/RMP. Emphasis is being given to provide an awareness of what services are presently available and to assist in development of a program to provide quality diagnostic, therapeutic, and rehabilitative services throughout the region, utilizing existing manpower, institutions, and agencies. Outreach services and educational programs will be designed to increase accessibility to comprehensive care and to improve patient referral flow for the arthritic patient to appropriate level of service they require.

At the present time five (5) area institutions have been identified, they are:

1. Latrobe Hospital
2. Aliquippa Hospital
3. Greensburg Hospital
4. Washington Hospital
5. Falk Clinic of Pittsburgh

Each facility was required to make a commitment of staff to the project:

- |                         |                           |
|-------------------------|---------------------------|
| 1. Coordinator          | 5. Physical Therapist     |
| 2. Orthopedic Physician | 6. Occupational Therapist |
| 3. Medical Physician    | 7. Social Worker          |
| 4. Nurse                | 8. Vocational Counselor   |

In an attempt to define actual needs of the region, interviews with the aid of questionnaires were conducted at each of the five facilities with their designated personnel. The following are the main areas of weakness as determined by the interviews in the management of the arthritic patient by health care personnel:

1. Lack of base knowledge as to current practices in diagnosing and treatment of the patient with arthritis.
2. Lack of multi-disciplinary approach in care of the arthritic.
3. Failure of health care personnel to communicate with each other.
4. Inadequate documentation in various phases of management of arthritic patient.
5. Lack of awareness of community resources for continuing care of arthritic patient.

Using the above areas of known weaknesses as a base for determining educational needs, a curriculum was developed to meet the immediate needs of the facilities. Courses are arranged on a once-a-week basis for a period of six weeks. The initial day of this program will be conducted at the facility. Session two through five will be conducted at St. Margaret's Memorial Hospital in order to utilize patients and equipment they have available. The sixth (6) session will be conducted at the facility. Plans are for the participants to be drawn not only from each facility's medical staff and allied health personnel but also from various community agencies i.e., Red Cross, United Fund, Chamber of Commerce, Planning Commissions, etc. The Curriculum Plan provides for each discipline to participate not only as a single unit but also to participate with other disciplines which will enable them to get a broader view into the total management of the arthritic patient.

In an attempt to establish as broad a base as possible for local community involvement, Outreach Seminars are conducted in each area. Announcements are mailed to surrounding community agencies, physicians, allied health personnel, community service agencies, United Fund, Red Cross, Governmental agencies, etc. Presentations are made by Project Directors, Orthopedists and Rheumatologists, these presentations explain the incidence and financial impact of arthritis on a community. The reasoning behind the development of this project. and current trends in the treatment, diagnosing, and total management of the arthritic patient.

The second phase of the educational program will provide advanced training courses in rheumatic disease management methodology. Course content is designed to provide an in-depth study of new and advanced methods of treatment for the arthritic patient. It will consist of three, two week courses and will provide to physician, nurses and therapists a more comprehensive and detailed method of treatment for the arthritic patient. At present the second phase is in its final stages and will be available at a later date.

The program this far has received enthusiastic support from the present participants, however, identifying additional facilities does present a problem due to the uncertainty of continued funding.



# Wisconsin Regional Medical Program, Inc.

5721 Odana Road

• Madison, Wisconsin 53719

• Area Code 608/263-3600

## A DEVELOPMENTAL PROJECT TO ESTABLISH THE BASIS FOR IMPROVED TOTAL CARE OF RHEUMATIC DISEASES IN WISCONSIN

Project Director: Don McNeil  
Executive Director  
Address: Wisconsin Arthritis Foundation  
225 E. Michigan Street  
Milwaukee, Wisconsin 53202

Overall Program Objective: The delivery of more efficient and effective health care for rheumatic disease patients in Wisconsin.

This is the first time that Federal funds are being used in Wisconsin to help improve treatment to people suffering from arthritis. The project will run for one year and will consist of a three-part demonstration effort.

The three features of the project are: 1) To bring consultation and medical management techniques to community level health service delivery facilities; 2) Patient-family education to support and explain reasons for treatment prescribed for arthritis utilizing allied health personnel; 3) Development of nursing care quality assurance criteria, measuring effectiveness of prescribed treatment programs carried out by nursing personnel.

The demonstration project is statewide and will involve personnel and facilities including the University of Wisconsin Center for Health Sciences, Madison, The Medical College of Wisconsin, Milwaukee, Columbia Hospital and Sacred Heart Rehabilitation Hospital, Milwaukee, Marshfield Clinic, Marshfield and the Gundersen Clinic in LaCrosse. The administration and coordination of the project will be handled by the Wisconsin Arthritis Foundation.

It is hoped that the Wisconsin Arthritis Foundation will generate funds to continue the project after the year of Federal funding is completed, June 30, 1975. The Wisconsin Arthritis Foundation has also provided the administrative staff for the project.

Some 300,000 men, women and children in Wisconsin have arthritis. The project is designed to develop the capability for improved quality and quantity of health care for Wisconsin citizens afflicted with rheumatic and arthritic diseases. The project also encourages cooperation between institutions and health care professionals throughout the state.

TRAVELING MEDICAL CONSULTATION TEAM

PROJECT  
DIRECTOR

Don McNeil  
Executive Director  
Wisconsin Arthritis Foundation  
225 E. Michigan Street  
Milwaukee, Wisconsin 53202

OBJECTIVE:

To improve and increase utilization by community medical practitioners of the diagnostic and consultative service available through identified arthritis centers as well as the other modalities of comprehensive care as needed.

NATURE OF  
ACTIVITY

Traveling consultation team will make between 5 and 7 community visits. The team will consist of a rheumatologist, nurse specialist in rheumatism, occupational therapist, physical therapist and orthopedic surgeon (if desired by the host community). The community visits will include the involvement of all appropriate service resources such as: Visiting Nurse Association, Curative Workshop, Department of Vocational Rehabilitation and other allied services. The medical construction team has met once in Ashland, Wisconsin on October 17, 1974. Four more visits are in the planning stages and should be completed by mid-June, 1975.



DEVELOPMENT OF OUTCOME CRITERIA AND PROTOCOLS OF NURSING CARE FOR:  
THE EARLY RHEUMATOID PATIENT

**PROJECT DIRECTOR** Janic Pigg. R.N., B.S.N., Nurse Consultant-Rheumatology  
Rheumatic Disease Program, Columbia Hospital  
3321 North Maryland Avenue, Milwaukee, Wisconsin 53211

**DESCRIPTION** Increased consumer participation, national legislation and a professional responsibility to define nursing accountability are the stimuli for this project. Health/Wellness standards are being developed to assure quality care for two groups of hospitalized patients: those with Rheumatoid Arthritis and those having a Total Hip Replacement. This is being accomplished in a pilot project at Columbia Hospital by consumers, staff nurses and a statewide nursing advisory committee. These standards will improve care of these individuals by more clearly defining the nursing role and by identifying areas for further nursing research.

**OBJECTIVES** The objectives of this project are to develop patient outcome criteria subject to influence by nursing activities for the named patient populations in an acute care setting, meanwhile establishing nursing protocols of care. These outcome criteria will then be articulated with those of other health professionals who care for these patients. It is anticipated that in the process, the developers of the criteria will become more aware of consumer needs and expectations and stimulated to better observations, recording and nursing practice. The project will also increase awareness and define accountability for nursing and other disciplines in the care of these patients as well as identifying other areas for research.

**TARGET GROUP** The target populations identified are: The patient with "early" Rheumatoid Arthritis and the patient undergoing a Total Hip Arthroplasty.

**METHODOLOGY** This process is being undertaken by establishment of an advisory committee of nurses from the State of Wisconsin who are practitioners of medical and/or surgical aspects of rheumatology nursing or who have expertise in the process of Quality Assurance. They will contribute their knowledge as well as serving as disseminators of information stemming from this project. Two nursing staff groups from Columbia Hospital are identifying and gathering nursing data and will write the criteria. In addition, a consumer committee will add input. The criteria will be tested by nurses, consumers and other health professionals and revised as needed. These criteria will then be united with those of other health professionals.

The outcome criteria will serve as a model to other nursing units both within the developing institution and without. These criteria can be used for unit reference files, nursing care, staff development, care guide for patients, referral information for continuity of care, use by new practitioners and curriculum content in basic nursing education. Within nursing, the models can be used to increase and upgrade knowledge of nursing care of these two rheumatology patient populations, as well as encouraging development of criteria for other patient populations.

PATIENT AND FAMILY EDUCATION IN RHEUMATIC DISEASES

PROJECT DIRECTOR Mrs. Madge A. Malecki, R.N., M.S.  
Director of Nursing Service  
Sacred Heart Rehabilitation Hospital  
Milwaukee, Wisconsin

NATURE OF ACTIVITIES An on-going development, refinement and implementation of goals directed toward assisting a client to attain maximum function and adjustment to rheumatic disease. This is a multi-disciplinary approach, utilizing the expertise of the members of a rheumatology rehabilitation team; physical therapy, occupational therapy, social service, psychologist, clinical specialist in rehabilitation, rheumatologist, physiatrist, nurse therapist.

Written protocols will be developed in those areas necessary to enhance the learning process for the client.

PROTOCOLS DEVELOPMENT

Initial Interview	Work Simplification
Reference Sheet	Social Service Assessment
Self Medication	Exercise
Client Education	Nursing Guidelines
Family Education	Staff InService Education
Joint Protection	Discharge Follow-Up

EDUCATIONAL CONSULTANT An individual knowledgeable in the teaching/learning process will serve advisory to enable the proposer to better quantify the results of this project in terms of the client's understanding.

EDUCATIONAL AND TEACHING MEDIA

- "Understanding Rheumatoid Arthritis" (videotape by Arth. Fndtn)
- The Truth About Aspirin and Arthritis (Arthritis Foundation)
- The Truth About Arthritis and Diet (Arthritis Foundation)
- What You Should Know About Arthritis Quackery (Arth. Fndtn.)
- Arthritis Quackery (Arthritis Foundation)
- Facts You Should Know About Arthritis (Merck, Sharp & Dohme)
- Self Help Device for Arthritis Patients (Merck, Sharp & Dohme)
- More Information About Gold (Sacred Heart)
- Joint Protection (Slides shown by Sacred Heart Occupational Therapy)
- "The Homemaker" (videotape shown by Sacred Heart Occupational Therapy)

COMMUNITY RESOURCES Two members of the Advisory Committee serve to provide very necessary community and consumer input. One member has provided a critique of the teaching efforts from admission to discharge at Sacred Heart Rehabilitation Hospital. This information will enable us to modify and evaluate our efforts from the consumer's viewpoint.

A Lupus group has been started under the guidance of the Project Coordinator and a representative from social service. The emphasis is upon commonalities within the group, with mutual support, encouragement, and correct knowledge being goals.