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DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

Health Services and Mental Health Administration

Division of Regional Medical Programs

National Advisory Council on
Regional Medical Programs

Minutes of the Meeting
May 11-12, 1971

Parklawn Building
Conference Room G/H

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Twenty-third Meeting 1/ 2/
May 11-12, 1971

The National Advisory Council on Regional Medical Programs convened for its twenty-third meeting at 8:30 a.m., Tuesday, May 11, 1971, in Conference Room G/H of the Parklawn Building, Rockville, Maryland. Dr. Harold Margulies, Director, Regional Medical Programs Service, presided over the meeting.

The Council members present were:

Dr. Michael J. Brennan	Dr. Clark H. Millikan
Dr. Bland W. Cannon (5/11 only)	Dr. Alton Ochsner
Dr. Michael E. DeBakey	Dr. Russell B. Roth (5/12 only)
Dr. Bruce W. Everist	Dr. George E. Schreiner
Mr. Harold H. Hines, Jr.	Mrs. Florence R. Wyckoff
Dr. Alexander M. McPhedran	Dr. John D. Chase/for Dr. Musser

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

I. CALL TO ORDER AND OPENING REMARKS

The meeting was called to order at 8:45 a.m. on May 11 by Dr. Harold Margulies.

II. INTRODUCTION OF NEW COUNCIL MEMBER

Dr. Margulies introduced Dr. George E. Schreiner, Professor of Medicine and Director, Division of Nephrology, Georgetown University, Washington, D. C. He also introduced Dr. John D. Chase representing Dr. Musser of the Veterans Administration.

III. ANNOUNCEMENTS

Dr. Margulies made general announcements, and called attention to the statement on "Conflict of Interest," in the information folder.

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- 1/ Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all material submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.
 - 2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions -- only when the application is under individual discussion.

IV. CONFIRMATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for future meetings:

August 3-4, 1971
November 9-10, 1971
February 8-9, 1972
May 9-10, 1972

V. CONSIDERATION OF MINUTES OF THE FEBRUARY 2-3, 1971, MEETING

The Council considered and approved the minutes of the February 2-3, 1971, meeting as written with one addition:

"Council discussed the need for assurance of quality in health care services and agreed to concern itself with problems of health care quality control."

VI. REPORT BY DR. MARGULIES

A. Appropriations

The Administration's 1972 appropriations request would hold RMP grant funds at \$70 million (the fiscal year 1971 apportionment) through fiscal year 1972. In the House hearings the decision to maintain this level was questioned closely. No House mark-up has been announced and the Senate Committee will not hear testimony on the bill until September.

B. Health Insurance

Interest in Health Insurance remains high on all sides. The number of bills before the Congress on this subject continues to grow, but as yet there seems to be no clear trend toward the support of any one proposal.

C. Area Health Education Centers

The concept of Area Health Education Centers, greatly stimulated by the Carnegie Foundation report, is now embodied in two bills before the Congress. One plans administrative responsibility for Area Health Education Centers in the Regional Medical Program, the other would result in assignment of responsibility to the National Institutes of Health.

The Area Health Education Center is as yet not fully defined, probably will be a community-based, grant-eligible agency, built around health care institutions and practitioners, affiliated with health educational and training institutions, including a university health science center. The ANEC would be a natural and important concern of the Regional

Medical Program. In turn the Regional Medical Program will under any circumstances be associated with the center, because of their common interest in enhancement of health care services.

D. Health Maintenance Organizations

RMPS is cooperating closely with other HEW efforts to develop Health Maintenance Organizations. There has been established a national clearinghouse in HSMHA to keep records and oversee all HMO activities, but the basic responsibility for their development is in the HEW Regional Offices. RMPs will be especially useful in the early phases by assisting in the convening of those who must meet together and by obtaining for them necessary consultation and other required supporting material. They will be of value later in the establishment of an effective health care system particularly by assisting in HMO efforts to monitor the quality of care being provided. RMPS has the specific responsibility for developing guidelines and criteria for the monitoring of quality and for developing a concept and guidelines for health maintenance.

E. Physicians' Assistants

The Civil Service Commission has established grades for Physician's Assistants, most of whom will be employed by the Veterans Administration. The Director of RMPS serves as a member of an executive committee advising the Commission of the qualifications to be established for the grades GS 7, 9, and 11. RMPS continues to have with NCHSR&D a keen interest in Physician's Assistants development and will participate in the further definition of PAs, their functions, their legal status and their limitations.

F. Recent Developments in the Regional Medical Programs Service

1. An expanded focal point for services to Council and Review Committee is being developed. The charter of this Office of Council and Committee Affairs will be circulated when the reorganization plan is completed.
2. The Operations Division is developing four geographically organized "desks." Each of these will provide a spectrum of services for a designed group of Regional Medical Programs. Each will be served by designated liaison personnel of the Professional and Technical Division.
3. Since the last Council meeting, the Equal Employment Opportunity program in RMPS has been developing rapidly. Not only because it is an agency of government, but also because its mission is to the whole citizenry, RMPS cannot serve Regional Medical Programs effectively if it in any way dis-

criminate against minorities or women. Not only in RMPS but in all the RMPs, both Equal Employment Opportunity and minority group access to health care are major concerns. Evidence of adherence to these concepts will be sought in all program reviews.

VII. REPORT OF THE SUBCOMMITTEE ON AUTOMATED HEALTH TESTING

Dr. Michael Brennan, Chairman of the Council's Subcommittee on Automation, reported the following as the Committee's considerations and recommendations concerning automated multiphasic health testing as an RMP investment:

A. "At this time eleven Regional Medical Programs have funded projects that feature automated multiphasic health testing. The purposes of these projects present a fair representation of the purposes for which patient health status data are required.

B. "Automated Health Testing is very costly. The influence of the projects in which it appears on regional deployment and utilization of health care services is highly unpredictable. For these reasons Council recommends that no new projects featuring automated health testing be funded.

C. "The Council further recommends that the Director, RMPS, and the appropriate Regional Medical Program, coordinating with the National Center for Health Services Research and Development, Community Health Services, the National Center for Health Statistics, the National Institute of General Medical Sciences and other interested agencies, institute consultation and investigation to:

1. Provide market and financial analyses and advice to avoid loss in post-grant operations of projects currently funded by Regional Medical Programs;
2. Build into RMP and other projects base line data, defined goals and measures of progress for cohorts of persons whose initial multiphasic tests were positive, negative and refused, among such populations as urban and rural poor, employees' groups, hospital and clinic patients, to help resolve debate about the effects of multiphasic testing on quality of and access to health care services and the regional deployment and utilization of health care resources;
3. Utilize systems analysis and all available epidemiologic information to stimulate natural histories of diseases and identify those for which secondary prevention might be feasible and acceptable in cost; and

4. Conduct multi-variant analyses of the results of multiphasic testing to investigate the possibility that it could improve diagnostic application of the tests."

COUNCIL ACTION: The Council unanimously adopted the above recommendations of the Subcommittee on Automated Multiphasic Health Testing. In this regard, please note that the recommendation in Section B establishes a new policy for Regional Medical Programs Service.

VIII. ADMINISTRATION OF REGIONAL MEDICAL PROGRAM GRANTS

Dr. Margulies reported briefly on a limited test by which our site visitors or Review Committee have ranked Regional Medical Programs in terms of their overall effectiveness. This type of activity will become increasingly necessary if changes in levels of available grant funds are to be accommodated in a selective fashion rather than across-the-board additions or reductions for all programs.

A. The Professional Judgment Comparison

To date, very broadly conceived criteria of effectiveness have been employed in the review of our grants. At the last meeting of the Review Committee the programs of fifteen Regional Medical Programs were considered. After the formal actions were completed, the members of the Review Committee agreed to try informally to rank those programs for overall effectiveness. The procedure consisted simply of distributing the fifteen Regional Medical Programs into "quartile" groups; the results were highly consistent. There were several instances of identical quartile assignments, and in almost all cases the differences in assignments were not more than one quartile apart. This informal, no-record exercise was conducted as an extension of the entire review process and appeared to be workable.

B. The Grading Comparison

Another approach to comparison of Regional Medical Program effectiveness can be made by grading or scoring the performance of each on an absolute scale. This approach has not been given a full trial. Earlier this year numerical grading was used in a limited way on several site visits to Regional Medical Programs. The results of these trials have shown less consistency among the graders than did the Review Committee's comparison of the fifteen regions.

C. Effects of Ranking Regions

In the long run, administrative actions and advisory group recommendations which result from such determinations of relative merit primarily will affect the least and most effective Regional Medical Programs.

IX. THE ADMINISTRATOR'S SESSION

Dr. Vernon E. Wilson, Administrator, HSMHA, discussed with the Council events and trends that have implications for the future.

A. Consumer interest in quality determination

It is not unlikely that the basis of advisory council actions as well as the actions themselves will become public records. Increasing consumer group interest in program processes reduces the latitude for unsupported judgment. This Council seriously should consider development of a rating system as a basis for its decisions on grants. The interest of career consumer advocates in this field is rooted in a widely held opinion that professional judgments should be openly determined and intelligible to the lay mind.

There is need for a system that the consumer advocates can understand and apply to reach the same results as does the Council.

There is also a widespread misunderstanding of RMP by people who see it as an implement of Federal control of health care. It is also said that RMP performance is spotty, does not yield true national coverage, and that RMP is not as closely related to the universities as it should be. We see the flaws in these arguments, but their proponents are not easy to convince.

In RMP the Federal Government has a good channel for working with the providers, but the relationship is not always easy to clarify. We must continue to emphasize the process and not only the content of RMP in our judgments. The need is for a foundation of understandable judgments on which credibility can grow.

B. Two bills to establish Area Health Education Centers have been placed before the Congress. One would place the authorization in Title IX (RMP) of the Public Health Service Act; the other, which is the Administration's bill, would place the authority in the National Institutes of Health. We must be prepared for either eventuality, and in either case both the RMP and the Manpower Bureau of the NIH will find their activities affected by the program. The Department's proposal is being presented as part of the proposal for extension of the Health Manpower Act.

C. The Willard Committee report has been circulated among a limited number of administrators and advisors but has not been published. The document was kept brief by design, and some of its concepts are rather broadly stated. Some of its ideas already have been incorporated in testimony presented before Congressional committees, and more will be presented, for example, in testimony on Section 314 of the Public Health Service Act.

X. HEALTH MANPOWER

Miss Cecilia Conrath, Chief, Continuing Education and Training, RMPS, spoke on Council and RMP policies and objectives concerning health manpower. At the turn of the century, 80 percent of health workers were M.D.'s, now 84 percent of health workers are not M.D.'s.

About 70 percent of health workers are women; many of their jobs are characterized by: low pay, little requirement for independent judgment, special turnover and dropout problems, entry at the high school level, and re-entry through established training or re-training.

One of every two health workers entered with less than three years of college education.

One of every five had less than full high school education. Many jobs are routine, narrow in scope, and severely limited in opportunities for advancement.

Refresher training for re-entry of dropouts, once enthusiastically advanced as a means of relieving shortages of help, has not succeeded as hoped--too many of the trainees limit their availability to part-time or intermittent work.

RMP is going to be involved in manpower problems because it is the logical channel for provider concerns.

With regard to our relationship to CHP and NCHSR&D, Dr. Margulies stated that it is important that RMPS retain its identity and avoid assumption of CHP responsibilities. It is also important that RMPS and NCHSR&D work more fully together. The basic guide to RMP development now and in the coming years will be found in the Federal health strategy. If it is to be a maximum service to this country, RMP will work with increasing effectiveness through all of the mechanisms which are available--CHP, R&D, local organizations, etc.--to maintain or improve the quality of health care while emphasizing increased accessibility, better distribution of manpower, greater productivity of health system and increasing efficiency in the delivery of services.

XI. EXECUTIVE SESSION

The Council in Executive Session met and endorsed the RMPS mission statement.

XII. REVIEW OF APPLICATIONS - RECOMMENDATIONS FOR ACTION 1/

ARIZONA REGIONAL MEDICAL PROGRAM - RM 00055 5/71 (Supplemental)

No additional funds are recommended for this Regional Medical Program at this time.

The request for additional core support is specifically disapproved.

The Region may rebudget available funds into any of the projects in line with its own priorities.

This action coincides with Review Committee recommendations.

BI-STATE REGIONAL MEDICAL PROGRAM - RM 00056 5/71 (Supplemental)

Additional direct cost funding in a reduced amount is recommended as follows:

1st Year - \$16,750 2nd Year - \$15,850 3rd Year - \$15,850

While the Region may rebudget available funds into either of the two projects included in this application, Council considers Project #16 - To Develop a Model for Testing Physician Continuing Education - innovative and Project #15 - A Public Education Program on Harmful Effects of Cigarette Smoking - was considered low priority.

This action coincides with the recommendations of the Review Committee.

CALIFORNIA REGIONAL MEDICAL PROGRAM - RM 00019 5/71.1 & 5/71.2 (Supplemental)

Region may rebudget available funds into Project #41 - Patient Monitoring (Area I), in line with its own priorities.

Council defers consideration of Project #85 - Cooperative Planning Effort of Regional Medical Programs and Model Cities for Training in the Allied Health Professions - Area I - pending program site visit of June 1971.

This action differs from the recommendations of the Review Committee only in relation to Project #85.

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

IOWA REGIONAL MEDICAL PROGRAM - RM 00027 5/71 (Supplemental)

Additional direct cost funding is recommended for the Iowa RMP as follows:

1st Year - \$43,500 2nd Year - \$35,272 3rd Year - \$36,719

Region may rebudget funds into any of the projects included in the application except for Project #19 - Renal Failure Management Training - in line with its own priorities.

This action differs from the recommendations of the Review Committee but incorporates the recommendations of the Ad Hoc Panel on Renal Diseases.

KANSAS REGIONAL MEDICAL PROGRAM - RM 00002 5/71 (Triennial)

This Region is approved for triennial review with direct cost funding recommended as follows:

1st Year - \$1,800,000 2nd Year - \$1,800,000 3rd Year - \$1,800,000

The request for developmental funding is disapproved.

Project #40 - Development of a Comprehensive Nephrology Program - is approved in line with the recommendations from the special review by a renal specialist and the site visit team.

This action coincides with the recommendations of the Review Committee.

MAINE REGIONAL MEDICAL PROGRAM - RM 00054 5/71 (Supplemental)

Additional direct funds are recommended for this application as requested: \$27,896.

This action coincides with the Review Committee recommendations.

MISSISSIPPI REGIONAL MEDICAL PROGRAM - RM 00057 5/71 (Anniversary)

No additional funding is recommended for the Mississippi RMP at this time.

The request for developmental funding is not approved.

The Region may rebudget available funds into the projects in the application, including Project #17 - Renal Disease Program - in line with its priorities.

MISSISSIPPI RMP CONT.

A program site visit is recommended to help this Region's core staff, RAG, and Planning Group focus priorities on health needs of Mississippians; staff assistance is also recommended.

This action coincides with the recommendations of the Review Committee and incorporates the advice of the Ad Hoc Panel on Renal Diseases.

MISSOURI REGIONAL MEDICAL PROGRAM - RM 00009 5/71 (Triennial)

This Region is approved for triennial review at the following direct cost levels:

1st Year - \$2,500,000 2nd Year - \$2,012,000 3rd Year - \$1,825,000

The request for developmental funding is disapproved.

The recommendations of the Review Committee regarding funding allocations among the major program elements should be conveyed to the Region.

This action differs from the Review Committee only in the level of funding recommended for the first year. Council felt that \$300,000, rather than \$250,000, would provide for more orderly phasing out of the computer and bioengineering activities.

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM - RM 00032 5/71 (Triennial)

This Region is approved for triennial review with direct cost funding levels as follows:

1st Year - \$1,741,000 2nd Year - \$1,511,000 3rd Year - \$1,366,000

The request for developmental funding is approved.

Funding for Project #3R - Mountain States Tumor Institute - is approved for two additional years only.

The interest in forming a separate Nevada RMP is recognized; at such time as an application is received and acted upon, the funding recommended for the Mountain States RMP will have to be re-reviewed.

This action coincides with Review Committee recommendations.

NASSAU/SUFFOLK REGIONAL MEDICAL PROGRAM - RM 00016 5/71 (Triennial)

Operational status is approved for the RMP.

Three years direct cost funding is recommended as follows:

1st Year - \$829,755 2nd Year - \$868,408 3rd Year - \$908,043

A site visit should be made to review progress during first year.

First continuation application should be reviewed by Committee and Council, with idea of increasing funding level if progress permits.

This action coincides with recommendations of Review Committee except that Council did not develop a policy on computerized EKG as requested by Committee. Council requested a staff paper on this subject for consideration at a later time. Therefore, the Region is not prohibited from utilizing its funds for this activity if program priorities so dictate.

NEBRASKA REGIONAL MEDICAL PROGRAM - RM 00068 5/71 (Triennial)

Status as a separate RMP is approved for Nebraska.

Three years direct cost funding is recommended as follows:

1st Year - \$790,070 2nd Year - \$790,070 3rd Year - \$440,653

The Region should be advised of serious concerns about direction of program.

A site visit should be made to assess progress during the next year.

First year continuation application should be reviewed by Committee and Council.

This action coincides with Review Committee recommendations except for level of funding recommended for third year. Council feels that Region must provide more substantive information about plans to utilize funds during third year.

NORTH CAROLINA REGIONAL MEDICAL PROGRAM - RM 00056 5/71 (Triennial)

This Region is approved for triennial review with the following direct cost levels recommended:

1st Year - \$2,049,000 2nd Year - \$2,049,000 3rd Year - \$2,049,000

The request for developmental funding is approved.

NORTH CAROLINA RMP CONT.

A specific exception is made to Council policy regarding support of basic education for Project #32 - Career Ladder Nursing Education.

The funding level does not take into consideration funding for Project #28 - A Proposal for the Care of Patients with Chronic Uremia - which is deferred for further technical review.

This action coincides with recommendations of both the Review Committee and the Ad Hoc Panel on Renal Diseases.

NORTHEASTERN OHIO REGIONAL MEDICAL PROGRAM - RM 00064 5/71 (Anniversary)

Funding is recommended at the committed level, \$786,187 (Direct Cost), for one additional year.

The Region may rebudget available funds into any of the proposed new projects, except Health Careers in Ohio, in line with its own priorities.

RMPS staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council believes it may be necessary to have at least two RMPs serve the State, but the possibility for a unified RMP should also be explored.

Site visits should be made as necessary.

This action differs from Review Committee recommendations in that an alternative other than one Ohio RMP is suggested and that the number of site visits may be negotiated.

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM - RM 00063 5/71 (Anniversary)

Funding is recommended at the following level for one year only: \$687,304.

This recommendation provides for continuation of core and on-going activities at present rate of expenditures; however, Region may rebudget available funds into new projects in line with its own priorities, except for Health Careers in Ohio.

RMPS staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council believes it may be necessary to have at least two RMPs serve the State, but the possibility for a unified RMP should be explored.

NORTHWESTERN OHIO RMP CONT.

Site visits should be made as necessary.

The request for developmental funding is disapproved.

This action differs from Review Committee recommendations in that an alternative other than one Ohio RMP is suggested and that the number of site visits may be negotiated.

OHIO STATE REGIONAL MEDICAL PROGRAM - RM 00022 5/71 (Triennial)

The request for triennial review status is denied; funding at the committed direct cost level is recommended for one year only as follows: \$714,075.

The request for developmental funding is disapproved.

The Region may rebudget available funds into projects included in this application, with the exception of Health Careers in Ohio in Core, Project #29 - Home Dialysis Program and Project #30 - Program for Hypertension Detection, in line with its own priorities.

RMPS Staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council believes it may be necessary to have at least two RMPs serve the State, but the possibility for a unified RMP should also be explored.

Site visits should be made as necessary.

This Council action coincides with recommendations of Ad Hoc Panel on Renal Diseases regarding approval of Project #27 - Cadaveric Transplant Program and #28 - Pediatric Nephrology Center, but no additional funds are recommended.

OHIO VALLEY REGIONAL MEDICAL PROGRAM - RM 00048 5/71 (Supplemental)

Additional direct cost funding is recommended as follows:

1st Year - \$98,610 2nd Year - \$98,410 3rd Year - \$98,360

Region may rebudget funds into any projects included in this application, except that Council questions the advisability of initiating Project #24, Intensive Coronary Care Unit Nurses Training, at this point in the Region's development.

This action coincides with Review Committee recommendations.

OKLAHOMA REGIONAL MEDICAL PROGRAM - RM 00023 5/71 (Triennial)

The request for triennial funding is disapproved; direct cost funding for one year is recommended as follows: \$913,500.

The request for developmental funding is disapproved.

A site visit is recommended to assist this Regional Medical Program in developing specific goals and objectives, before it submits a Triennial application next February.

This action coincides with Review Committee recommendations.

PUERTO RICO REGIONAL MEDICAL PROGRAM - RM 00065 5/71 (Anniversary)

Funding is recommended for Region's second operational year at the following direct cost level: \$989,762.

The request for developmental funding is disapproved.

Region may rebudget available funds into any project included in this application in line with its priorities.

This action coincides with Review Committee recommendations.

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM - RM 00035 5/71 (Triennial)

Region is approved for triennial funding, at the following direct cost levels, pending a favorable site visit report on Project #55 - Chronic Renal Disease Education and Service Program.

1st Year - \$1,550,000 2nd Year - \$1,550,000 3rd Year - \$1,550,000

Request for developmental funding is approved.

Region may rebudget funds into projects included in this application in line with its own priorities, except for those activities which may be precluded by Council policy; i.e., Project #52 - Health Manpower and the fellowships in #46 - Hematologic Malignancies.....

This action incorporates the advice of Review Committee and the Ad Hoc Panel on Renal Diseases.

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM - RM 00059 2/71 & 4/71 (Deferred Supplement)

Approval of \$100,000 supplemental funding is recommended for one year with the following conditions:

SUSQUEHANNA VALLEY RMP CONT.

1. The Region engage effective leadership on its core staff;
2. The Region study and make necessary changes in the RMP organization to assure a viable Regional Advisory Group, viable medical center involvement and a viable grantee;
3. RMPS make available sufficient, experienced staff resources to assist Region in its study and subsequent program changes.

The request for developmental funding is disapproved.

This action essentially coincides with recommendations of the Review Committee.

TRI-STATE REGIONAL MEDICAL PROGRAM - RM 00062 5/71 (Supplemental)

Action on the application for funding a New England Facilities for End-State Kidney Disease is deferred, pending Council study of a technical site visit report.

This action coincides with the recommendations of the Review Committee and the Ad Hoc Panel on Renal Diseases.

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM - RM 00041 5/71 (Triennial)

Approval for triennial funding is recommended at the following direct cost level:

1st Year - \$1,450,000 2nd Year - \$1,450,000 3rd Year - \$1,450,000

The request for developmental funding is approved.

Funds for Project #14 - Renal Disease - are disapproved as recommended by the Ad Hoc Panel on Renal Diseases.

Region may rebudget available funds into any project included in the application provided they are consistent with Council policy. Attention is called specifically to policy issues related to activities in Project #10 - Early Care for Suspected Coronary Patients - and Project #13 - Bucktail Area Emphysema and Pulmonary Disease Project.

Council notes that the Region has not presented specific project plans to utilize the funds requested in the second and third years of the triennial period. If RMPS staff should find a disproportionate share of the funds proposed in the second and third years are for activities not previously studied by Council, the application should be reviewed by Council at that time.

This action essentially coincides with recommendations of Review Committee.

XIII. ADJOURNMENT

The meeting was adjourned at 1:45 p.m. on May 12, 1971.

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

Harold Margulies

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

July 19, 1971

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

MAY 11-12, 1971

RMPS STAFF

Miss Rhoda Abrams
Miss Mary K. Asdell
Mr. Kenneth Baum
Mr. Earle Belue
Mrs. Simone D. Biren
Dr. Edward T. Blomquist
Mr. Paul W. Boone
Mrs. Marilyn N. Buell
Mr. J. Edgar Caswell
Mr. Cleveland R. Chambliss
Mr. Richard Clanton
Mrs. Delarea T. Coley
Dr. Veronica L. Conley
Miss Cecilia C. Conrath
Mr. Emil Corwin
Mr. Thomas Croft
Mrs. Mary L. Dana
Mr. Roy L. Davis
Mr. Joseph L. De La Puente
Mr. Herbert P. Dunning
Miss Joan E. Ensor
Mrs. Eileen U. Faatz
Dr. John R. Farrell
Miss Judith Fleisher
Mr. Gerald T. Gardell
Mr. Terrence T. Genz
Mr. Sam O Gilmer
Dr. James Gross
Mrs. Gloria Hicks
Mr. Charles Hilsenroth
Mr. George Hinkle
Mr. Paul Hoffstein
Dr. John Holbrook
Dr. Daniel Horn
Miss Dona E. Houseal
Miss Margaret Hulbert
Mr. Robert H. Hutchings
Mr. Frank Ichniowski
Mr. Joseph T. Jewell
Mr. James R. Jones
Dr. Alan S. Kaplan
Dr. Philip A. Klieger

RMPS STAFF CONT.

Mr. Alfred B. Kline, Jr.
Mr. John M. Korn
Miss Julia J. Kula
Mrs. Lorraine M. Kytte
Miss Carol M. Larson
Dr. Marian Leach
Dr. Harold Margulies
Dr. Gordon MacLeod
Mrs. Anne H. Mickelson
Mr. Ted C. Moore
Mr. Bob Morales
Miss Marjorie Morrill
Mr. Spero E. Moutsatsos
Mr. Frank S. Nash
Miss Elsa J. Nelson
Mr. Joseph J. Ott
Dr. Herbert B. Pahl
Mrs. Jeanne L. Parks
Dr. David Pearl
Mr. Roland L. Peterson
Mr. Eugene S. Piatek
Dr. Roger D. Platt
Mr. Michael J. Posta
Mr. Robert L. Quave
Mr. William S. Reist
Mrs. Estelle Remer
Miss Leah Resnick
Dr. Thomas J. Rice
Mr. Abraham Ringel
Mr. Morton Robins
Mr. Richard L. Russell
Mrs. Rebecca R. Sadin
Mrs. Jessie F. Salazar
Mr. Luther J. Says
Miss Theresa Schoen
Mrs. Patricia Q. Schoeni
Mrs. Mildred M. Selsky
Mrs. Mary L. Shovlin
Mrs. Eve S. Shuman
Mrs. Sarah J. Silsbee
Dr. Margaret H. Sloan
Mr. Dan M. Spain

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Mr. Matthew H. Spear
Mr. Jerome J. Stolov
Mr. Lee G. Teets
Mr. Francis L. Van Hee, Jr.
Mr. Lyman Van Nostrand
Mr. Lee E. Van Winkle
Mr. Frank G. Zizlavsky

RMPS REPRESENTATIVES
IN REGIONAL OFFICES

Mr. William A. McKenna	Region I
Mr. Robert Shaw	Region II
Mr. Clyde L. Couchman	Region III
Mr. Maurice C. Ryan	Region V
Mr. O. Dale Robertson	Region VI
Mr. C. Ray Maddox	Region VII
Mr. Daniel P. Webster	Region VIII
Mr. Ronald S. Currie	Region IX
Mr. Hugh S. Campbell	Region X

OTHERS ATTENDING

Dr. Vernon E. Wilson, Administrator, HSMHA
Dr. Robert Van Hoek, Associate Administrator
for Operations, HSMHA
Dr. Margaret H. Edwards, NCI, NIH
Mrs. Frances H. Howard, NLM, NIH
Mr. Wendell Maddrey, NCHSR&D, HSMHA
Mr. Carl A. Taylor, OMB

NATIONAL ADVISORY COUNCIL ON
REGIONAL MEDICAL PROGRAMS
May 14, 1971

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