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DEPARTMENT OF HEALTH, EDUCATION,

AND WELFARE

Health Services and Mental Health Administration

Regional Medical Programs Service

National Advisory Council on Regional Medical Programs

Minutes of the Meeting
November 9 and 10, 1970

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-first Meeting [1/] [2/]

November 9 and 10, 1970

The National Advisory Council on Regional Medical Programs convened for its twenty-first meeting at 8:30 a.m., Monday, November 9, 1970 in Conference Room G/H of the Parklawn Building, Rockville, Maryland. Dr. Harold Margulies, Acting Director, Regional Medical Programs Service, presided over the meeting.

The Council members present were:

Dr. Michael J. Brennan
Dr. Bland W. Cannon
Dr. Michael E. DeBakey (11/9 only)
Dr. Bruce W. Everist
Dr. Alexander M. McPhedran
Dr. Clark H. Millikan
Dr. Edmund D. Pellegrino (11/9 only)
Dr. Alfred M. Popma
Dr. Russell B. Roth
Dr. Mack I. Shanholtz
Mr. Curtis Treen
Mrs. Florence R. Wyckoff

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

The proposed schedule for the four meetings of 1971 was accepted as presented:

February 2 and 3
May 11, 12, and 13
August 3 and 4
November 9 and 10

Dr. Margulies reported that the Appropriation Act has not yet passed both houses of Congress and that a continuing resolution provides for operations through the end of the current session of Congress.

It was noted that Executive administration of the 1971 appropriation will also have to be conditioned by budget plans for fiscal year 1972.

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.

Passage of Public Law 91-515, covering Regional Medical Programs, Comprehensive Health Planning and National Center for Health Services Research and Development was reported. (See News, Information and Data, Vol. 4, No. 51S, dated November 20, 1970.)

Dr. Margulies called attention to the requirement in the new Act that the Secretary report annually on progress of the programs affected by the Act. He suggested that advice of Council members on the coverage of this report will be welcome. The first report, due January 1, 1971, presents the initial opportunity for the Secretary to show in successive reports the effects of this and subsequent legislation.

The construction provisions of the new Act were mentioned by a Council member as a new point of Council concern. Dr. Margulies reported that the Department has not developed a position on this subject, and that it may well be determined by budget considerations.

Dr. Margulies stated that HSMHA agencies, primarily Regional Medical Programs Service, Comprehensive Health Planning and National Center for Health Services Research and Development are reviewing their present and potential related roles in carrying out HSMHA functions. The Willard Committee is presently studying these programs and will make appropriate recommendations to the Administrator, HSMHA.

COUNCIL AND THE REGIONS

Dr. Margulies opened the meeting to discussion of Council's role in guiding the Regional Medical Programs under the new conditions that have emerged. These include:

--Anticipated level appropriations, below the total funding envisioned when the original legislation was conceived;

--Reaffirmed, though broadened, categorical disease concern in the legislation;

--Department and HSMHA determination to promote improved quality, access and efficiency of health care delivery, and to encourage Regional Medical Programs to develop related goals in their approaches to categorical disease areas;

--New developments in the evolution of RMPS internal management--triennial review, a management information system, staff responsibilities, etc., are being designed around heightened RMP autonomy.

Discussion of the Council's roles and desires opened, as Dr. Vernon E. Wilson, Administrator of Health Services and Mental Health Administration, joined the meeting.

Initially discussion centered on Council's mode of operation in guiding Regional Medical Programs. Key points queried by Council members included:

--Review of operational project proposals has been a principal tool by which Council particularized policy and exerted leadership, not only to guide, but also to oversee technical quality of programs. Is delegation of project approval to Regional Advisory Groups a relinquishment of responsibility?

--Council has a real need to experiment with policies and modes of stimulating improvement. How can this be done, without project by project control?

--It is clear that local biases present hazards to well-rounded programming, leading to experimentation without adequate preparation, unbalanced programs, neglect of national priorities, other problems. How can these deviations be contained if local RAG determines program and selects projects?

--Who will determine priorities?

--Will time lags between National Advisory Council determinations and Regional Advisory Group applications of policy create confusion?

--What will be the criteria by which Council will approve, disapprove, or modify Regional Medical Programs?

--What can be done when Council finds programs defective or inadequate?

--It appears that Council is asked to operate almost like an accrediting agency, but how can this be done without more explicitly stated and fixed rules and standards?

Highlights of Dr. Wilson's thesis were:

--Council is not being asked to relinquish authority. Council's responsibility is fixed by law. Council is being asked to expand its delegation of details of the process to lower levels in accordance with accepted management principles. Council retains final responsibility and, as needed, must step in to

modify its delegation or correct aberrations in the use of the delegated authority.

--Council has no need to exercise detailed technological supervision. When RMP's have insufficient technical resources, headquarters and HEW regional office staffs can locate additional technological expertise as needed.

--It is true that experimentation is needed and should be controlled. It is expected Council will continue to enunciate needs and considerations that will guide Regional Medical Programs.

--National, as well as local groups, are exposed to biasing influences. Council has open to it a variety of measures that can help to contain these influences on local planning, such as (a) requiring certain types of participation in decisions; (b) limiting powers of decision; (c) requiring clearance of certain actions through HEW regional offices; (d) fixing other forms of decisionmaking process. The existing process already involves delegations; the question we are resolving is how and under what circumstances authorities will be delegated.

--Congress has established the priority determination process. Council is responsible for national policy, and the Regional Advisory Group for local-policy. The form, foresight and terms of Council actions can minimize problems for the local Groups.

--Program-centered review concentrates on the decisionmaking performance of the Regional Medical Program. Where local biases overturn decisionmaking processes that appear to be essentially sound, Council may have to change its delegation; where decisionmaking capability and program performance have not adequately developed, Council may find it necessary to return a Regional Medical Program to planning status.

--Council must approve new directions and major changes in Regional programs. Regional Medical Programs Service must have most of its funds in time-limited capabilities, and continuously release money for new programs. Some money must always be free for innovation.

--Council's supervisory function is indeed like a medical school accreditation program. The basic principles and rules for the desired performance are fixed by the law; their application will be particularized by the wisdom of Council and the fact-finding of staff.

BROADER FUNCTIONS FOR COUNCIL

Dr. Wilson reminded Council that the HSMHA is the health service delivery arm of the Department. Three programs carry major shares of this responsibility--Community Health Services, the National Center for Health Services Research and Development, and the Regional Medical Programs. Each has its Advisory Council, and each has its own central mission, although there appear to be possibilities for the occurrence of overlays and gaps.

If HSMHA is to function effectively in improving the nation's health service delivery, it must be internally consistent and purposeful. This calls for a broad view in the steering of the three programs, not only in staff direction, but in Council advice and guidance.

Of the three programs, RMP is the one that works most directly with the vendors of health care. This Council has taken an overview of the RMP and has represented the vendors' concerns for quality and improvement in health service capability.

HSMHA needs communication with the vendors in a broader frame of reference. This Council may well be the best agency for that purpose. To develop such a function, the Council would have to interest itself in, and look at, not only the RMP but other HSMHA programs. Council's functions in these other areas would be analytical rather than directive. Dr. Wilson asked if the Council would accept such a responsibility.

Discussion by Council of the proposal:

--HSMHA does not have the resources or authority to provide by direct action for delivery of health services where supply or accessibility are deficient.

--There is a need for greater stabilization and specificity in Government's choice of programmatic goals, and means of working with private medicine.

--Council could be more consistently representative if Regional Medical Programs could participate in selection of Council membership--perhaps by nomination.

--At present Council does not receive the kind of information that would provide a broad view of HSMHA responsibilities and options.

Dr. Wilson responded:

--HSMHA does not have money to adjust health care delivery by direct intervention, but can find facts, show them to vendor, facilitate study, experimentation, planning by vendors, and exercise some leverage through work with the Social Security Administration and the Social and Rehabilitation Service.

--HSMHA and its Advisory Councils may become an instrument for stabilization and specification of interaction between Government and health care vendors.

--Processes of appointment to Council are framed by law, affected by national policy; there is no guarantee that any one set of nominees will be successful. For example, HSMHA has been urged to fill two vacancies on this Council with persons under 30 years of age. Staff will be asked to look into mechanisms by which Regional Medical Programs might join in presenting nominations.

--Study and proposals of ways to better inform Council will be developed for Council consideration, if this proposal for broader Council missions is acceptable.

Council, by voice vote, adopted the motion:

The National Advisory Council on Regional Medical Programs will interest itself in policy formulation for all HSMHA health service programs without altering its primary concern for the Regional Medical Programs.

REAFFIRMATION OF GOALS

Council recognizes that changes in language and emphases expressed by HSMHA, Council and RMPS are creating a sense of change in goal and objectives among Regional Medical Program people. Originally, the goal was expressed as "improvement of the quality of medical care that is delivered in the United States." Now we are speaking of "innovative improvement of the delivery of health care" as if this and its quantitative connotations were the single goal.

Issues Raised:

--Viewed side by side, without reference to time or to the continuing extension of recognition of realities in health care, these two statements seem to present a dichotomy.

--Another dichotomy looms between the goal of improving either quality or quantity of health care, and the statutory requirement that the RMPS refrain from changing the patterns of health care and their financing.

--The emphasis on quality for each medical act performed for each person has played a very strong role in attracting the cooperation of private medicine to Regional Medical Programs. A shift of emphasis to supplying health care to those who have not had it may cool the interest of private medicine.

Conclusions:

--The fact is that delivery of more health care where little or none has been delivered before is an improvement in quality--the authorizing legislation is directed at needs of all the people, not confined to those that were receiving care at the time it was passed.

--The fact is that extension and change in the delivery of health care are taking place through agencies other than the Regional Medical Programs. The quality of each medical act is as important in these extensions and changes as it was in the services delivered before the Act was passed.

--Regional Medical Programs offer the vendors of health care a voice in the shaping of change, to protect and improve the quality of care wherever it is delivered.

Council passed by voice vote, with three abstentions and dissent, the motion:

> Council requests the Regional Medical Programs Service to communicate to Coordinators and Advisory Groups of Regional Medical Programs assurance of Council's continued interest in improving the quality of care delivered by all health personnel.

Dr. Irving Wright, National Chairman, Intersociety Commission on Heart Disease Resources, presented a progress report on Heart Guidelines, 80 percent of which has been completed. Eight sections of the 30-part report have been published in issues of the journal Circulation. It is anticipated the completed report will be published during the latter part of 1971, and will include the provision of facilities, instrumentation, manpower and other resources.

Dr. Jeremiah Stamler summarized the highlights of the major report on atherosclerosis, which will be published in Circulation in December. He spoke of the prevention and risk factors in heart disease, including hypertension, hyperlipedemia, diabetes, obesity, sedentary living and family history, emphasizing the wide professional agreement which now supports prevention of atherosclerosis by changes in eating habits. Dr. Margulies stated that RMPS now has the responsibility for implementation of the excellent guidelines.

Dr. Edward T. Blomquist presented a report on facilities for the treatment of renal disease:

> There are about 10,000 new end-stage candidates in the United States each year whose lives could be extended by transplantation or dialysis. Of these, 7,500 would be acceptable for transplantation, while dialysis would be the chosen mode of therapy for the remaining 2,500. In light of the number of such persons actually receiving treatment, we are falling far short of our goal to provide adequate therapy for all renal disease patients. Only 12 percent of the transplant need and 31 percent of the dialysis need was met last year. Overall, the nation provided service to less than one out of every five (17 percent) of those end-stage candidates who might have benefited from either transplantation or dialysis.

APPLICATION OF COUNCIL POLICY TO SPECIFIC ACTIVITIES

Council discussed at length a number of specific types of activities that have been urgently proposed or opposed by many of the Regional Medical Programs. Discussion of several of these activities began with generic forms and principles and was followed by review of applications and site visit reports for specific project proposals. Council was keenly aware that the conclusions reached are to serve as guides to Regional Advisory Groups in their development of programs and approval of projects. Council stated, or reiterated, a number of principles to be communicated to Regional Coordinators and Advisory Groups.

General Principles

Needs of the People and Vendors of health care: Regional Medical Programs do not have authority or funds to meet all felt needs for health services to the people or for sustained services to the vendors of health care by direct intervention. Regional Medical Programs are to concentrate on those needs for which voluntary participation by the vendors in regionalization can affect improvement. Priority ranking of projects in a Regional Medical Program is to be influenced most importantly by the amount of benefit obtainable for the service population per dollar of Regional Medical Program investment.

Long-term support of services: Regional Medical Programs do not have authority or funds for support of services. Each operational project is to be designed to be integrated into the health care system of its Region, and to be disengaged from Regional Medical Program funding at the end of its initial project period of three years or less. Projects in operation that are failing to disengage from Regional Medical Program support by the end of their third year may be allowed a reasonable period in which to become self-supporting or be terminated. Council recommends no more than 18 to 24 months as a "reasonable period" but refrained from setting a maximum which might tend to become a customary period.

Pickup of projects formerly supported from other grant funds: Council reaffirmed its earlier recognition that Regional Medical Program funds are not intended to replace grants lost through discontinuance or reduction of other grant programs. Service or training projects initiated under other programs may be considered for Regional Medical Program support only to the extent that they: (a) respond to recognized need for local regionalization and improvement; and (b) demonstrate that they are integrating into the Region's health care system in a way that will permit disengagement of Regional Medical Program funding within a short time.

Coronary care units: Council affirmed that although coronary care units are now established community resources Regional Medical Program funding units may be desirable when such units make important contributions to regionalized improvement in medical care, including overall efficiency and cost and when projects are planned to disengage from Regional Medical Program support promptly. To qualify for Regional Medical Program assistance, coronary care unit projects must also meet the following conditions: (a) An organizational structure and staff capable of implementing a high quality system must be present; (b) the mechanisms for entry into the system require development; and (c) RMP funding does not finance established technology, equipment, or patient service operations.

Training for coronary care units: Council requested RMPS to instruct all Regional Medical Programs having coronary care unit training projects to disengage Regional Medical Program funding at the end of their current project periods or within a reasonable period thereafter, as noted above.

Mobile coronary care units: Experience with such units to date has demonstrated that initial costs are high, and experience to date has not developed capability to predict the degree of success that can be expected for given combinations of organization, staff, equipment,

population and to assure geographic coverage and regional cooperation. In subjective comparison, it seems likely that the sum required to demonstrate a mobile unit program would produce greater benefits if invested in a well-planned preventive program instead. Council asked RMPS to advise Regional Medical Programs to fund no new mobile coronary care projects.

Registries: To date, only systematically operated cancer registries have yielded benefits that justified their operation. The benefits of registries of stroke patients, for example, are highly suspect because diagnosis is inaccurate. Similarly for other diseases, the funds required to operate registries could yield greater benefits if invested in preventive programs or in identification of hazards and risk factors. Well-run cancer registries have provided data necessary for evaluation of treatment, continuing education and follow-up beneficial to patients. Multihospital registries also may offer side benefits to regionalization through the negotiation and cooperation involved in their planning, operation and distribution of information. Registries generally, like multiphasic screening, hospital admission tests and examinations, and history taking, are special forms of patient data acquisition. Council can muster little enthusiasm for perfunctory, underutilized registries. On the other hand, it is felt that Regional Medical Programs should be enhancing applications of modern data handling to medical care in projects that meet other Regional Medical Program requirements.

Council decided that cancer and other registries, where the state of the art permits, may qualify for Regional Medical Program assistance when: (a) they make important contributions to regionalized improvement of patient care; (b) planned to disengage Regional Medical Program funds promptly; and (c) Regional Medical Program funding is confined to organization, planning of output and development of new methods, and does not support major equipment purchases or operation.

Multiphasic Screening: Council sees multiphasic screening as a special form of patient data acquisition that has not yet demonstrated its value. Hypothetically, it could contribute importantly to health maintenance and other widely publicized new concepts in medical care, and to improved utilization of physicians and other shortage categories of health personnel. Council recognizes that many Regional Medical Programs are being pressed to support multiphasic screening. It is recognized also that the failure of multiphasic screening projects to demonstrate a positive cost-benefit ratio may be due as much to state of the art problems as to problems of planning and execution. Council deferred action on two multiphasic screening project applications until the May 1971 meeting when there will be a report on the state of the art--with specific application to RMP. It was recommended, therefore, that a subcommittee of Council be appointed to

investigate and obtain expert testimony, with staff assistance, on the state of the art of multiphasic screening and similar forms of patient data acquisition.

Computer-assisted dosimetry networks: Council reiterated its earlier findings with respect to dosimetry service systems. It was held that a dosimetry service should: (a) support itself, including equipment costs; (b) provide for consultation about the patient between the physician responsible for dosimetry and the physician requesting the service; (c) require that equipment at the participating treatment stations be tested and calibrated regularly and systematically; (d) utilize Regional Medical Program funds only if it meets a recognized need for regionalization; and (e) confine expenditure of such funds to support of planning and organization.

Council passed the proposal that Nebraska and South Dakota become separate Regional Medical Programs, with the recommendation that core and current project support be maintained at present levels until Council review of the separate applications of the two newly established regions.

RECOMMENDATIONS FOR ACTION:

The Council recorded their recommendations in the format developed by the Review Committee in response to FAST recommendations.

ALABAMA REGIONAL MEDICAL PROGRAM

RM 00028 11/70.1 - Operational Supplement - Approval with conditions

The Council concurred with the Review Committee that additional funds be provided to the Albama RMP in the amount of:

01 - $246,950 02 - $185,924 03 - $127,421

to conduct the following three projects:

#23 - Guidance Counselers' Continuing Education in the Health Field (Revision)

#25 - Production of Audiovisual Materials for Reality Orientation Training Program.

#26 - Model Cities - RMP Nutrition, Project in Tuskegee.

Council further recommended that the Program may rebudget funds for Projec

#24 - Birmingham Community Medical Television Network - if considered a priority program by the RAG.

ALBANY REGIONAL MEDICAL PROGRAM

RM 00004 11/70.1 - OPERATIONAL SUPPLEMENT - Non-Approval

The Council concurred with the Review Committee that no additional funds should be provided for this application and that the proposed renewal of the two projects in the application - #4R - Consulting Physicians Panel and #5R - Community Hospital Learning Centers - without satisfactory program evaluative data raises serious concerns about both the Region's review processes and its capacity to change direction away from the heavy concentration on continuing education programming.

ARKANSAS REGIONAL MEDICAL PROGRAM

RM 00055 11/70.1 - OPERATIONAL SUPPLEMENT - Approval

The Council concurred with the Review Committee that additional funds should be provided in the amount requested to increase core activities in the Arkansas RMP.

01 - $189,382 02 - $203,069 03 - $222,993

CALIFORNIA REGIONAL MEDICAL PROGRAM

RM 00019 11/70.1 - OPERATIONAL SUPPLEMENT - Deferral for site visit

In light of the many questions raised by the Review Committee concerning California's Regional priorities and review procedures, the Council deferred action on this application pending the report from the December site visit scheduled to study the Region's request for developmental component funding and renewal of core support.

CENTRAL NEW YORK REGIONAL MEDICAL PROGRAM

RM 00050 11/70.1 - OPERATIONAL RENEWAL AND SUPPLEMENT - Approval with conditions.

The Council concurred with the Review Committee that additional funds be provided to continue #2R-Mobile Stroke Rehabilitation Service - for one year.

01 - $95,016 02 - -0- 03 - -0-

The Council failed to see the relevance of Project #16 - Management Personnel Training Program - to patient care. The Council would like to see a revised proposal related to Regional Biomedical Electronics Safety Program, which indicated commitment to and interest of other hospitals than the hospital proposing the training.

COLORADO-WYOMING REGIONAL MEDICAL PROGRAM

RM 00040 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council concurred with the Review Committee that additional funds be provided for Project #21 - Radiation Therapy Planning a Community Hospital by Time-Sharing Computer - in the reduced amount of:

01 - $19,474 02 - $20,495 03 - $22,740

CONNECTICUT REGIONAL MEDICAL PROGRAM

RM 00008 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council concurred with the Review Committee that additional funding be provided the Connecticut RMP for initiating Project #26 - Planning Neighborhood Services in Hartford and #28 - Southern Connecticut Kidney Disease Program - with the condition that the Hartford area be included in the Kidney Program prior to funding.

01 - $183,348 02 - $2,137,965 03 - $145,447

Further, Council concurs with the Review Committee concerns related to Project #27 - University of Connecticut School of Nursing Regional Faculty; #29 - Regional Reference Laboratory Service; #30 - Regional Nuclear Medicine Program. In light of its general policy concerning RMPS replacement of 314(e) funding in the cervical cancer area, no funds were recommended for Project #32 - Cancer of the Cervix Study. *

GEORGIA REGIONAL MEDICAL PROGRAM

RM 00046 11/70.1 - OPERATIONAL SUPPLEMENT - Nonapproval on basis of policy

In light of its general policy regarding the inadvisability of replacement of RMPS funding for 314(e) funding for cervical cancer service projects, * no funds are recommended for this application which includes #34 - Demonstration for Detection of Female Genital Cancer and #35 - Cytology Screening Project.

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM

RM 00026 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council concurred with the Review Committee that additional funding be provided not only for the physics portion of Project #20 - Regional Radiation Therapy Network and #22 - Thera-Flicks Curative Workshops, but also for #21 - Development of Tumor Control Centers in Delaware Medical Society.

01 - $131,853 02 - $130,713 03 - $131,659.

Council concurred with the Review Committee that the RMP could rebudget funds for Project #23 - Coronary Care Training - if it is high priority.

INDIANA REGIONAL MEDICAL PROGRAM

RM 00043 11/70.1 - OPERATIONAL SUPPLEMENT - Non-Approval

The Council recommended that no additional funding be provided at this time for this application but that funding for Project #21 - Regional Radiation Therapy Development and Physics Support Program - be reconsidered with the report from the December site visit team at the next Council meeting. The Council concurred with the Review Committee that no funding be considered for Project #22 - Training Program for Regional Centers - Respiratory Assistants - for the reasons noted in the Committees' critique.

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM

RM 00015 11/70.1 - OPERATIONAL SUPPLEMENT - Non-approval - policy and revision .

The Council concurred with the Review Committee that no additional funds be provided for the activities proposed in this application. Project #28 - Major Cancer Control on Early Detection with Cytological Techniques - cannot be supported under current policy regarding basic education, but the continuing education activities could be supported in the Intermountain Program. Project #29 - A Proposal to Train Physician Assistants for General Practitioners in Rural Communities - was not sufficiently developed to warrant funding at this time.

IOWA REGIONAL MEDICAL PROGRAM

RM 00027 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council concurred with the Review Committee that additional funds of a reduced amount should be provided the Iowa RMP for the following activities:

#3S - Stroke Management Project - for one year

#12 S - A Continuing Cancer Educational Program for Physicians - one year

#16 - Single Concept Films for Providing Continuing Education to Physicians and Allied Health Professionals - three years

01 - $91,902 02 - $58,894 03 - $60,479

In light of its decision to table consideration of proposals involving technology pending the deliberations of the newly organized Council subcommittee for study of multiphasic screening and related patient data acquisitions systems, the Council took no action on Project #15 - A Multiphasic Health Screening Project.

KANSAS REGIONAL MEDICAL PROGRAM

RM 00002 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

Council concurred with the Review Committee that additional funds should be provided to the Kansas RMP to support Projects #41 - Cancer Information Service and #42 - Cancer Care Continuing Education Program, and #44 - A Nurse Clinician Program. The Region may rebudget funds for Project #43 - A Model Rehabilitation Project. Funds recommended are:

01 - $274,837 02 - $281,498 03 - $299,641

No action will be taken on Project #40 - Comprehensive Nephrology Training Program - until the Council has an opportunity to review Kansas RMP Anniversary Review application and site visit findings.

MAINE REGIONAL MEDICAL PROGRAM

RM 00054 (AR-1-CDS) 11/70 - DEVELOPMENTAL COMPONENT AND SUPPLEMENTAL APPLICATION - Approval with conditions

The Council concurred with the Review Committee and the site visit team that the Maine RMP should be provided developmental component funding for two years to coincide with core support.

Developmental Component 01 - $95,108 02 - $95,108 03 - -0-

The Council also recommended that additional funding be provided for

Project #18 - Nursing and Allied Health Continuing Education and #19 - Interactive Television, as requested.

01 - $316,081 02 - $223,547 03 - $157,148

MARYLAND REGIONAL MEDICAL PROGRAM

RM 00044 11/70.1 - SUPPLEMENTAL APPLICATION - Approval as requested.

The Council concurred with the Review Committee that additional funding be provided the Maryland RMP to initiate Project #31 -Rheumatic Fever Prevention - Department of Pediatrics, Sinai Hospital of Baltimore.

01 - $37,135 02 - $35,903 03 - $37,184

METROPOLITAN WASHINGTON D.C. REGIONAL MEDICAL PROGRAM

RM 00031 11/70.1 - OPERATIONAL SUPPLEMENT - Non Approval

The Council concurred with the Review Committee that no additional funds be provided to the Metro Washington RMP at this time. Council will reconsider Project #2R - Cerebrovascular Disease Follow-up and Surveillance System - in light of the December 1970 site visit findings. Council does not consider Project #38 - Continuing Education for Inactive Nurses - worthy of support for the reasons cited by the Review Committee.

MICHIGAN REGIONAL MEDICAL PROGRAM

RM 00053 11/70.1 - OPERATIONAL SUPPLEMENT - Approval as requested.

The Council concurred with the Review Committee that additional funds be provided the Michigan RMP to conduct Project #29 - Demonstration and Teaching of Specialized Care of Stroke in a Generalized Hospital.

01 - $104,353 02 - $146,050 03 - $153,900

MISSISSIPPI REGIONAL MEDICAL PROGRAM

RM 00057 11/70.1 - OPERATIONAL SUPPLEMENT - Non-approval for policy

In light of its general policy regarding the inadvisability of replacing

RMPS funding for 314(e) funding for cervical cancer service projects,* no funds are recommended for this application which includes only Project #15 - Cervical Cancer Control Program.

MISSOURI REGIONAL MEDICAL PROGRAM

RM 00009 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council concurred with the Review Committee that additional funds be provided to the Missouri RMP for Project #64 - Biomedical Instrumentation. Council would be interested in reviewing revised proposals for the Kansas City core staff and the Green Hills Cooperative Health Care Project (#65) in the Region's Anniversary Application, along the lines suggested by the Committee. The Council agreed with the Committee that Project #66 - Regional Blood Inventory System - did not seem to be an activity that an RMP organization should undertake.

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

RM 00032 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Council agreed with the Review Committee that additional funds should be provided to the Mountain States RMP to continue Project #2R - A Proposal for the Continuation of a Program to Provide Intensive Coronary Care for Hospitals in the Mountain State Region, for two years, rather than one, in light of policy discussions, and to conduct Project #15 - A Program for Continuing Education for Nursing - Montana Division - for three years.

01 - $239,129 02 - $242,391 03 - $98,407

The Council does not recommend that RMP funding be utilized for Project #14 - A Proposal to Develop a Demonstration Rehabilitation Services Team in the Southern Nevada Area of the Mountain States Region - because the relevancy of the proposed services to care for stroke patients is questionable and the services are ordinarily part of routine hospital services.

NEW YORK METRO REGIONAL MEDICAL PROGRAM

RM 00058 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions

The Committee concurred with the Review Committee that additional two-year funding be provided the New York Metro RMP for Project #20 - A Demonstration Project Establishing a Regional Program of Instructor-Consultants at Extended Care Facilities; Project #22 - A Proposal for a Continuing Education Center at New York University; and Project #23 - Education and Training in the Rehabilitation of the Cancer Patient.

01 - $250,000 02 - $250,000

In light of its general policy regarding the inadvisability of replacing RMPS funds for 314E funds for cervical cancer service projects*, no funds were recommended for Project #21 - Eight Cervical Cancer Detection Programs. Council agreed with Committee that Project #24 - A Feasibility Exploration and Demonstration Project in the Development of the Home as a Health Care Facility - has not really been revised. The Region should be informed that Council does not advise the utilization of RMP funds to support the project as proposed. However, if this is a high priority for the RMP, Council suggests rebudgeting for a modified program.

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM

RM 00063 11/70.1 - OPERATIONAL SUPPLEMENT - Non-Approval

Council concurred with the Review Committee that no additional funds be provided to the Northwestern Ohio RMP at this time. This Region's reorganizational problems, noted previously by Council, have not been solved. Project #19 - Longitudinal Study of Attitude Changes in Physicians - did not appear a high priority for an RMP .

Council will reconsider funding of Project # 18 - The Establishment of Multiphasic Health Screening in Northwestern Ohio - after consideration of the deliberations of the newly formed Council subcommittee study of multi phasic screening and related patient data acquistion systems.

NORTHLANDS REGIONAL MEDICAL PROGRAM

RM 00021 11/70.1 - OPERATIONAL SUPPLEMENT - Approval as requested

The Council agreed with the Review Committee that additional funding be provided the Northlands RMP for the conduct of Project #19 - A Proposal for a Mobile Health Unit. However, Council advises staff to negotiate with the RMP about the Committee's suggestions to increase the amount of time provided by the project director and the nurse . If their time cannot be increased, the effects on the project should be carefully assessed.

01 - $54,059 02 - $30,835 03 - $30,335

OHIO STATE REGIONAL MEDICAL PROGRAM

RM 00022 11/70.1 - Operational Supplement - Non-Approval

The Council concurred with the Review Committee that no additional funds be provided for the activities proposed in this application: #25 - Continuing Education in Respiratory Disease Prevention and Therapy and #26 - Cooperative Development and Improvement of Health-Related Volunteer Services. Council believes Project #25 needs complete revision. The Region may want rebudget funds for Project #26 if it is important for program development.

OHIO VALLEY REGIONAL MEDICAL PROGRAM

RM 00048 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions. The Council concurs with the Review Committee that additional funds be provided to the Ohio Valley RMP for the conduct of Project #20 - Renal Dialysis Technologist and Project #21 - Regional Pediatric Heart Clinics in the following reduced amounts.

01 - $139,523 02 - $153,325 03 - $159,704 04 - $87,946

The Council does not recommend RMP funding for Project #19 - Pre-Stroke Diagnostic and Treatment Evaluation Center.

OKLAHOMA REGIONAL MEDICAL PROGRAM

RM 00023 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions Council concurred with the Review Committee that additional funding be provided to continue Project #4R - Continuing Education Program for the Enid Area - for one additional year.

01 - -0- 02 - $42,104 03 - -0-

The Council agreed with the Review Committee that no funds should be provided for Project #11 - A Regional Pediatric Program with Initial Emphasis on Indian Children, as proposed in this application. The Council further agreed with the Review Committee that RMP funds should not be utilized for Project #12 - Oklahoma Regional Program to Promote Early Diagnosis of Breast Cancer Phase II: Thermography.

PUERTO RICO REGIONAL MEDICAL PROGRAM

RM 00065 11/70.1 - OPERATIONAL SUPPLEMENT - Approval with conditions The Council concurred with the Review Committee that additional funds should be provided for Project #12 - Inter-Agency Center for Cancer-Mayaguez - in reduced amounts.

01 - $100,000 02 - $100,000 03 - $100,000

While the Council did not recommend additional funding for the core supplement for Biostatistics, Research and Evaluation Section, the RMP may want to rebudget funds for this purpose.

In line with its policy concerning the inadvisability of replacing RMP funding for 314E funding for cervical cancer service projects*, no funds should be provided for Project #13 - Early Detection of Carcinoma of Uterine Cervix.

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM

RM 00035 11/70.1 - OPERATIONAL SUPPLEMENT - Non-approval

The Council concurred with the Review Committee that additional funding should not be provided to the South Carolina RMP to initiate Project #38 - Professional Education for Early Diagnosis for Head and Neck Cancer.

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM

RM 18-04 (AR-1-CSD) 11/70 - DEVELOPMENTAL COMPONENT, RENEWAL, CONTINUATION AND SUPPLEMENTAL APPLICATION - Approval with conditions.

The Council concurred with the Review Committee that the Tennessee-Mid South should not be awarded developmental funding status, as such, at this time, but that three-years funding be provided the RMP for core, core planning and operational projects as follows:

01 - $2,410,000 02 - $2,190,000 03 - $2,190,000

The RMP should be advised not to utilize RMP funds for Project #32 - Medical Nurse Specialist Program - because of policy.

TRI-STATE-REGIONAL MEDICAL PROGRAM

RM 62-03 (AR-1-CSD) 11/70 - DEVELOPMENTAL COMPONENT, RENEWAL, CONTINUATION AND SUPPLEMENTAL APPLICATION - Approval with conditions

The Council concurred with the Review Committee that developmental component funding should be provided to the Tri-State RMP, as well as

funds to continue support of core and on-going projects and to initiate two new projects as follows:

	DEV.	OTHER	TOTAL
01	$147,000	$2,114,685	$2,261,685
02	147,000	1,868,591	2,015,591
03	147,000	1,896,035	2,043,035

Funding should be contingent upon the RMP's submission of satisfactory information about the process by which budget allocations will be reviewed and decision made for small contract studies and activities.

WASHINGTON/ALASKA REGIONAL MEDICAL PROGRAM

RM 00038 11/70.1 - OPERATIONAL SUPPLEMENT - Approval

Council concurred with Review Committee that additional funding should be provided to Washington RMP for renewal of #9R - Alaska Medical Library and 38R - Medical Computer Services.

11/70.2 - OPERATIONAL SUPPLEMENT - Non-Approval

The Council concurred with the Review Committee that no additonal funds should be provided at this time for the renal diseases activities proposed in this application. The Council would be interested in reviewing a less diffuse renal diseases program that focused on clearly delineated high priority areas of need for the Region.

WEST VIRGINIA REGIONAL MEDICAL PROGRAM

RM 00045 11/70 - OPERATIONAL SUPPLEMENT - Approval as requested

The Council concurred with the Review Committee that additional funds should be provided as requested for Project #8 - Continuing Education of West Virginia Physicians Through a Voluntary Self-Audit - Peer Review of Patient Care; Project #9 - Community Hospital Assistance

Program - Library Assistance; Project #10 - Multi-Unit Communication Facility at West Virginia University Medical Center for the Purpose of Furthering Continued Education of Medical Personnel.

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

RM 00013 11/70.1 - OPERATIONAL SUPPLEMENT - Deferral for site visit

Council deferred action on this application pending consideration of the findings of the December site visit team.

SPECIAL ACTIONS:

BI-STATE REGIONAL MEDICAL PROGRAM - RM 00056

1. The Council concurred with the reconsidered recommendation of the Review Committee that additional funds be provided for Project #13 - A Proposal to Establish a Program of Rehabilitation for Patients Who Have a Myocardial Infarction in the amount requested.

01 - $73,800 02 - $64,140 03 - $67,167

2. In accordance with its general policy decision regarding the replacement of RMPS grant funds for 314(e) grant funds to continue cervical cancer service projects,* Project #14 - Clinical and Cytological Detection of Cancer in an Indigent Female Population - was disapproved; no RMPS funds to be used.

ADJOURNMENT

The Meeting was adjourned at 3:00 p.m. on November 10, 1970.

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

Charles Helsemeth

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

* ADDENDUM TO RECOMMENDATIONS FOR ACTION BY NOVEMBER, 1970 COUNCIL:

Subsequent to the November meeting, the Acting Director asked the National Advisory Council to reconsider its actions concerning the utilization of RMP funds to continue cervical cancer projects formerly supported with 314(e) funds. Through an individual poll of members, Council approved a change in policy which would permit an individual Regional Medical Program to support from its own resources those projects which had been approved by the Regional Advisory Group and included in applications reviewed by the November 1970 National Advisory Council. Service on training projects initiated under other programs may be considered from RMP support only to the extent that they: a) respond to recognized need for local regionalization and improvement; and b) demonstrate that they are integrating into the Regions health care system in a way that will permit disengagement of Regional Medical Program funding within a short time.

Applications and projects affected by this change are as follows:

Connecticut Project #32 - Cancer of the Cervix Study.

Georgia, Projects # 34, 35 - #34 - Demonstration for Detection of Female Genital Cancer, #35 - Cytology Screening Project.

Mississippi, Project #15 - Cervical Cancer Control Program.

New York Metropolitan, Project #21 - Eight Cervical Cancer Detection Programs.

Puerto Rico, Project #13 - Early Detection of Carcinoma of Uterine Cervix.

Bi-State, Project #14 - Clinical and Cytological Detection of Cancer in an Indigent Female Population.

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

November 9 and 10, 1970

RMPS STAFF

Miss Rhoda Abrams
Dr. Edward T. Blomquist
Mrs. Marilyn Buell
Mr. Cleveland Chambliss
Dr. Veronica Conley
Miss Cecilia Conrath
Mr. Joseph de la Puente
Mr. Herbert Dunning
Mr. Gerald T. Gardell
Mr. Terrence T. Genz
Mr. Sam O. Gilmer, Jr.
Mrs. Sheila Gould
Miss Sue Guyon
Mr. Charles T. Heaney
Mr. George Hinkle
Mr. Frank Ichniowski
Dr. Alan Kaplan
Dr. Philip A. Klieger
Mr. John M. Korn, Jr.
Dr. Marian Leach
Mr. Harrell Little
Dr. Frank Mark
Mr. Rodney Mercker
Mr. Ted Moore
Mr. Gene Nelson
Mr. Roland L. Peterson
Mr. Mike Posta
Miss Leah Resnick
Mr. Abraham Ringel
Mr. Morton Robins
Mrs. Jackie Rosenthal
Mrs. Rebecca Sadin
Mrs. Sarah Silsbee
Mr. Thomas H. Simonds
Dr. Margaret H. Sloan
Mr. Dan Spain
Mr. Matthew Spear
Mr. Frank Van Hee, Jr.
Mr. Lee E. Van Winkle
Mr. Richard W. White
Mr. Frank Zizlavsky

RMPS REPRESENTATIVES IN REGIONAL OFFICES

Mr. William A. McKenna	Region I
Mr. Clyde L. Couchman	Region III
Mr. Maurice C. Ryan	Region V
Mr. C. Raymond Maddox	Region VII
Mr. Daniel P. Webster	Region VIII
Mr. Ronald S. Currie	Region IX
Mr. Hugh S. Campbell	Region X

OTHERS ATTENDING

Dr. J. Gordon Barrow, Georgia RMP
Dr. Bernard Daitz, CHS, HSMHA
Dr. Margaret H. Edwards, NCI, NIH
Mr. Wendell Maddrey, NCHSR&D, HSMHA
Dr. Charles A. Rosenberg, VA
Mr. Robert Walkington, NLM
Dr. William Zukel, NHLI, NIH