NEW FILE BEGINS

Doc #130

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
July 28-29, 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 Twentieth Meeting 1/ 2/

July 28-29, 1970

The National Advisory Council on Regional Medical Programs convened for its twentieth meeting at 8:30 a.m., Tuesday, July 28, 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. Bland W. Cannon
Dr. Edwin L. Crosby (7/28 only)
Dr. Michael E. DeBakey (7/29 only)
Dr. Bruce W. Everist
Dr. William R. Hunt
Dr. Alexander M. McPhedran
Dr. Edmund D. Pellgrino
Dr. Alfred M. Popma
Dr. Russell B. Roth
Dr. Mack I. Shanholtz
Mrs. Florence R. Wyckoff

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 8:30 a.m. on July 28 by Dr. Harold Margulies.

II. ANNOUNCEMENTS

The Council members were welcomed to the new Conference facilities in the Parklawn Building and the general arrangements for the conduct of the meeting in these facilities was explained. Dr. Margulies announced his plans for an executive session with the Council at the close of the first day of the meeting.

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.

III. INTRODUCTION OF NEW MEMBERS

Dr. Margulies introduced two new members of the Council who were in attendance for this meeting. They are: William R. Hunt, M.D., a Commissioner of the County of Allegheny in Pennsylvania and medical practitioner in McKeesport, Pennsylvania; and Alexander M. McPhedran, M.D., Associate Professor of Internal Medicine (Neurology), Emory University School of Medicine, Atlanta. The recent appointment of Mr. C. Robert Ogden was also announced. Mr. Ogden is President of the North Coast Life Insurance Company in Spokane, Washington and Chairman of the Washington/Alaska Regional Advisory Group. He will begin his regular attendance at the next meeting.

IV. REGIONAL MEDICAL PROGRAMS AS A PART OF THE HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION - Dr. Vernon Wilson

In his first meeting with the Council as Administrator of the Health Services and Mental Health Administration, Dr. Wilson recalled his long interest and first-hand involvement in the development of Regional Medical Programs. He assured the Council of his strong support of Regional Medical Programs as a part of the broader efforts of HSMHA. He expressed his endorsement of the principles of decentralization of the administration of HSMHA activities generally, and his belief that the concept of Regional Medical Programs can relate well to these principles. Although the mechanisms will be worked out slowly, he is confident that this can take place without dilution of effort, either in the Regions or in the headquarters office.

In recognition of the very formidable problems facing Regional Medical Programs Service, Dr. Wilson expressed regret that he was not able at the present time to resolve the major staffing problems. He assured the Council this has very high priority on his working agenda and the fact that he is as yet unable to report does not indicate that he is not actively working toward a solution.

Dr. Wilson asked the Council to meet with him again in approximately six to eight weeks, in a special one-day session. At that time he is assured he will be able to discuss his plans, as they are based on those of Secretary Richardson, for the organization and administration of the Department's efforts to strengthen and increase the nation's capacity to deliver health services. He indicated also that by that time he would have more definitive plans for the staffing and organization of the Regional Medical Programs Service.

Although his plans will include a general outline of the "mission" of Regional Medical Programs as a part of the HSMHA effort, Dr. Wilson said that he would rely heavily on the advice and guidance of the Council for developing the policies and detailed program directions that would lead to even more efficient and effective cooperative arrangements between the private sector, which they represent, and the Federal effort.

Dr. Wilson told the Council of the resignation of Mr. Irving Lewis as Deputy Administrator of HSMHA, and about Mr. Lewis' appointment as Professor in the Department of Community Medicine at Albert Einstein College of Medicine in New York. Mr. Lewis addressed the Council briefly, stating again his faith in the Regional Medical Programs as representing "the only concept of true regionalization of health services that can be expected to work" in the United States. Mr. Lewis expressed his thanks to the Council for the many pleasant working relationships he had had with them. Mrs. Florence Wyckoff responded for the Council, expressing their appreciation for his assistance to them, especially in helping them to understand the principles of Federal financing of health care and in the area of health economics generally.

V. CONFIRMATION OF FUTURE MEETING DATES

Council was apprised of the necessity for reverting to a system of four meetings per year in order to accommodate the changeover to Anniversary Review. Two new Council dates were set: November 9 and 10, 1970 and February 2 and 3, 1971.

In addition, September 30, 1970 was set for the special meeting requested by Dr. Wilson. The Council accepted the invitation of Dr. Edwin Crosby to hold this meeting at the American Hospital Association headquarters in Chicago. This will enable more of the members to travel to and return home from the meeting in a single day.

VI. CONSIDERATION OF THE MINUTES OF THE MARCH 31-APRIL 1, 1970 MEETING

The Council unanimously recommended approval of the minutes of the meeting of the Council on March 31-April 1, 1970.

VII. A REPORT FROM THE DIRECTOR - Dr. Harold Margulies

A. Progress of HR 17570 and S3355

Dr. Margulies reviewed the contents of the two Bills very briefly and referred the Council members to an analysis prepared by staff which compares the Bills to one another and to the present legislation. This was included in the agenda materials.

B. Appropriations for Fiscal Year 1971

Status of the Appropriation Bill was reviewed and the Council was reminded of the various circumstances which impinge on the total amount of "new" funds to be available for major expansion of Regional Medical Programs in FY 1971. Among these are the $1.9 million earmarked for Model Cities activities; the 1% reserve of funds to be used for evaluation

activities at DHEW, HSMHA, and RMPS levels; the possibility of administrative "earmarking" of some funds for RMP participation in comprehensive regional kidney disease programs; all in addition to a total amount slightly in excess of $77 million required to meet minimal continuation requirements of ongoing regional activities.

C. Funding Strategy

Dr. Margulies made a brief introduction of a new management information system being implemented by RMPS.

He also noted the effect of the 1969-70 strategy of permitting Regions almost unlimited rebudgeting of unexpended balances for program expansion. Dr. Margulies stated his intention to begin to apply more stringently guidelines to this kind of rebudgeting and to recapture some of these balances for reallocation among the Regional Medical Programs in response to evidence of successful regionalization and program development.

D. The FAST Recommendations

In a brief review of the recommendations of the Federal Assistance Streamlining Task Force and his plan for responding to them, Dr. Margulies emphasized the "liaison" role of the DHEW Regional Offices in the development of HSMHA programs generally, and in helping to relate Regional Medical Programs to both publicly and privately-funded programs in the area served; but with the retention of the principal management responsibility in the Regional Medical Programs Service, at the national level. He also mentioned especially the Service's concern, antedating the Task Force study, for better delineation of the multiplicity of activities now covered by the core budget in Regional Medical Program grants.

Dr. Margulies explained the intent of RMPS in placing a Program Representative in each of the ten DHEW Regional Offices and described what he sees as the service role of these individuals.

VIII. PROGRESS NOTES FROM STAFF

A. Contracts under Section 907 - Dr. Margaret Sloan

Dr. Sloan gave a brief review and status report on the three contracts made by the RMPS under the terms of Section 907 of Title IX of the Public Health Service Act, which deals with the "...list or lists of facilities in the United States equipped and staffed to provide the most advanced methods and techniques in the diagnosis and treatment of heart disease, cancer, and stroke...."

. The contract with the American Heart Association in support of the Intersociety Commission for Heart Disease Resources, has

begun serial publication of its report and will continue to do so throughout the period of the contract.

. The Joint Committee for Stroke Facilities, supported by a contract with the American Neurological Association, has chosen to withhold publication of its report until it is entirely completed.

. The report of the Special Advisory Committee on Cancer Care Facilities of the Cancer Commission of the American College of Surgeons, which was supported under a contract now completed, has been reviewed by the Regional Medical Programs Service and was received by the National Advisory Council at the April 1970 meeting. Negotiations between the American College of Surgeons and the RMPS, preparatory to completion and RMP approval of this report, are now underway. (This was discussed in more detail with Council during the Executive Session).

B. Multi-Program Services Project Grants - Mrs. Martha Phillips

Authorized under Section 910 of Title IX of the Public Health Service Act, this program of project grants will be implemented for the first time early in FY 1971. The Council was reminded of its original role in the development of the basic guidelines and operating policies for these grants. They were assured that these are reflected in the final edition of the program documents which are now in clearance.

The Council expressed its persistent concern about the potential effect of the funding of these grants on the total funds available for Section 904 grants (operational support to Regions). Dr. Margulies said that he expected to be able to present to the Council at its next meeting, a plan for allocation of grant funds that would take into consideration an appropriate distribution of the available dollars between these two major grant activities.

C. Regional Medical Programs in Model Cities - Mr. Cleveland Chambliss

The Council was reminded of the administrative earmarking of $1.9 million of RMP FY 71 grant funds for use in projects which have direct impact on certain designated Model Cities neighborhoods. Mr. Chambliss outlined the procedure for determining the degree of such impact and obtaining the certification of Model Cities officials in this regard. Although this procedure includes endorsement of DHEW Regional officials, Mr. Chambliss assured the Council that the procedure would entail no authority for further review and approval of these projects beyond the local Regional Advisory Group and the National Advisory Council.

Also in response to specific questions, Dr. Margulies explained that Regional Medical Programs which are planning and submitting projects to

serve urban populations need not plan them exclusively for Model Cities areas and need not seek any endorsement or concurrence beyond their own review and approval mechanism.

D. Senior Clinical Traineeships - Mrs. Martha Phillips

Mrs. Phillips recalled to the Council the circumstances leading to the Departmental decision to place responsibility for the Senior Clinical Traineeship program in Regional Medical Programs Service. She also reported to the Council on the selection of the first group of Traineeships to be awarded under RMPS sponsorship. This selection process was carried out by panels of non-Federal experts in the cancer field and was chaired by Dr. Michael Brennan, to whom the Council delegated authority for the selection of individual trainees to the total extent of $300,000 of FY 1970 funds. Thirty trainees were selected from among 80 applicants, and represent the disciplines of medicine, gynecology, pathology, pediatrics, radiology, and surgery. The training will be done in major medical centers throughout the United States.

E. Guidelines for Instructional Technology - Miss Cecilia Conrath

A second edition of these guidelines was before the Council for their consideration. Dr. Pellegrino, who served as Chairman of the Subcommittee to prepare these guidelines, expressed his belief that they are now ready for publication and implementation, with certain rewriting. This is being done by RMPS staff, incorporating Dr. Pellegrino's suggestions.

F. Evaluation Activities - Mr. Roland Peterson

In reporting to the Council, Mr. Peterson mentioned the final summation and distribution of the Regional Progress Summaries which resulted from the questionnaire developed and tabulated by his staff; on the Regional Medical Program Evaluation Conference to be held at the University of Chicago Conference Center in September; and on his plans for evaluation activities in FY 71 which will be chargeable to the "evaluation earmark."

This earmark was explained to the Council by both Mr. Peterson and Dr. Margulies as a 1% administrative reserve to be used for evaluation activities not only at the program level, but also at the level of HSMHA and DHEW. It is anticipated that something slightly under $1 million could be set aside under these circumstances and could be used by contract or by the Section 910 grant mechanism, at the discretion of RMPS, with portions of the total withheld for HSMHA and DHEW evaluative activities.

The entire matter of evaluation sparked considerable discussion in the Council. It was the consensus that in order for these funds to be effectively utilized, a much broader concept of evaluation must be developed. There was a good deal of discussion of the contract with Arthur D. Little, Inc. and expression of considerable doubt as to the real value of any findings being reported. Several of the Council members have had individual experience

with the conduct of the contract activities and feel that these have not always been handled in the best interests of the Program. There was unanimous agreement with the suggestion, made by Dr. Roth and Dr. Cannon, that interim reports on the progress of such undertakings, either this current one or any future such contracts, be required and that they be made available to the Council for review and discussion. The Council requested a more definitive report from the staff on the results of the contract, particularly as it relates to the purposes for which the contract was originally let. They also asked to see the final report from the Arthur D. Little, Inc. as soon as it is received by RMPS.

In summarizing the discussion, Dr. Pellegrino suggested that all evaluation activities should, in the long run, serve to test the viability of Regional Medical Programs as they are developing; and if they are found not to be viable to determine why they are not.

IX. KIDNEY DISEASE ACTIVITIES IN REGIONAL MEDICAL PROGRAMS

Dr. Margulies reviewed for the Council the circumstances leading to the addition, in both the House and Senate versions of the continuation legislation, of kidney disease as one of the specific disease categorical targets of Regional Medical Programs. He asked for guidance of the Council in the development of a responsive and effective policy for Regional Medical Programs participation in comprehensive regional kidney disease programs throughout the Nation. He is aware that the final definition of such a policy, especially as it would apply to the immediate future, will not be possible until after Congressional action, on both the continuation legislation and the appropriations, is complete.

In order to provide some background for their deliberation, Dr. Margulies explained that he had asked the staff to prepare some basic information and to draft some suggested policy guidelines. These were part of the agenda materials presented to the Council. He then introduced Dr. George Schreiner, Chief, Nephrology Section, Department of Medicine, Georgetown University and Dr. Richard B. Freeman, Department of Medicine (Nephrology), University of Rochester School of Medicine, whom he had invited to the meeting to provide expert reference to the Council in their deliberations.

Dr. Schreiner made a detailed presentation of the "state of the art" of the management of chronic kidney disease. He included resume of the techniques and methodologies of screening, diagnosis and therapy; and the shortcomings as well as successes in prevention, treatment, and rehabilitation.

Nephrology is, Dr. Schreiner said, a new area of specialization. As such it has the disadvantage of a severe shortage of trained specialists; but has the advantage of having few established traditions, and is in the enviable position of being able to profit from the mistakes made in establishing resources for open heart surgery, high voltage radiotherapy, etc.

Organization for the delivery of servies to patients with kidney disease, Dr. Schreiner believes, lends itself so ideally to regionalization that the development of such a program can and will serve as a framework for regionalization of services in other more traditionally established disciplines.

Again, as in nearly all their past discussions of kidney disease, the Council expressed concern about the apparent lack of emphasis on prevention as part of an overall kidney disease program. Dr. Schreiner and Dr. Freeman believe that the only hope for real prevention will come via prenatal care and "genetic engineering" and although work in these areas is progressing, it will not have any significant impact for fifty to sixty years. They also believe that the more traditional approaches to prevention generally will not be seen to be effective for at least 20 years.

Both Dr. Schreiner and Dr. Freeman spoke to the issue of the cost of developing regionalized kidney disease services; and the way in which the enormous numbers often used in this regard have been misleading and discouraging to institutions and communities. Both agreed that the $15 million mentioned in the pending legislation could make a significant difference in the extension of services of existing kidney disease centers or in the establishment of some smaller number of entirely new ones. Dr. Margulies reminded the Council that the $15 million to which the Bill makes reference, is recommended as a maximum assignment of Regional Medical Program grant funds to kidney disease efforts, and in no way earmarks or limits any dollars exclusively for this purpose; nor does it provide, or even recommend the provision, of funds over and above the grant funds to be otherwise available for purposes of Regional Medical Programs.

Dr. Everist raised the question of the mechanics of incorporating kidney disease programs into the 55 Regional Medical Programs if the principle of local autonomy and decision-making is to be maintained. It is his belief that unless and until Regions with appropriate existing facilities can be "seduced" into affording high regional priority to kidney disease control, it will be necessary to use the Section 910 authority, so that national directives may be used to develop "sensible programs in sensible places."

Accepting the apparently inevitable lag time before the results of a planned program of prevention can be felt, Dr. Pellegrino asked for the advice of Dr. Schreiner and Dr. Freeman on what immediate impact Regional Medical Programs could reasonably have, considering the provisions of the proposed legislation and within the amount of funds that are likely to be available within the next two or three years. Responding first, Dr. Schreiner recommends the strengthening of existing facilities, particularly those which have committed themselves to outreach beyond the confines of the medical center within which they exist; and further identifying those among this group that lend them-

selves to further interlinkage to provide a multiplying rather than simply an additive effect. Dr. Freeman recommends the support of the completion and extension to full services of a small number of centers which can be developed on the basis of existing, although perhaps not entirely complete, resources; the use of RMP funds for support of planning, particularly in regard to increased effective utilization of expensive resources; and the training of personnel, principally physicians, who can serve to train others (other physicians and paramedical personnel).

The Council strongly endorsed Dr. McPhedran's point regarding the importance of thoughtful integration of a kidney disease program into an existing Regional Medical Program; particularly in planning, sub-regionalization, continuing education, and inter-professional communication activities.

In a subsequent discussion on the second day, the Council members reflected on the recommendations of Dr. Freeman and Dr. Schreiner as well as on the goals, objectives, and the basic operational concepts which guide Regional Medical Programs at the present time. Since these proscribe against the use of funds for the direct provision of patient services, and the total amount of funds likely to be available will proscribe against making major contributions toward the establishment of facilities, the Council agreed that the major focus of RMP involvement will be (a) the encouragement of better and more effective cooperative arrangements among carefully selected institutions and resources which together might form a "decentralized center" and (b) in the strengthening of existing institutional resources competent and willing to develop outreach, both in the demonstration of service and the training of personnel. Both of the above require national as well as regional planning.

In summary, the Council endorsed the general plan presented by the staff; they also agreed, however, that to develop a workable overall policy it will be necessary to have basic data concerning the resources in, and available to, each of the 55 Regional Medical Programs. This should include (a) presently self-contained centers, (b) institutions which have the capability of becoming an integral part of such a center, and (c) institutions and resources which might participate in an inter-regional arrangement for the provision of kidney disease services. An assessment of the "size and shape" of the kidney disease problem in each of the Regions would provide the other essential piece of basic information. Dr. Margulies agreed to provide these data based on the existing geographic pattern of the 55 Regional Medical Program.

X. REVIEW OF APPLICATIONS

A. Issues Identified

1. In the matter of RMP support of short-term training projects, the Council considered the history provided them by staff, and a number of

specific projects included in the applications under review at this meeting. They believe that under most circumstances it is not necessary or appropriate for Regional Medical Programs grant funds to be used to cover the full costs of both the presentation of short-term training projects and of stipends and expenses of the participants.

The majority of projects in this category provide opportunities for upgrading and development of new skills in special techniques or procedures and are directed to individuals presently employed in health care institutions. Under the circumstances these institutions should, and in most cases do, make regular provision for this kind of training for their staffs.

The Council therefore recommended the following changes in policy guidelines regarding payments to participants in continuing education and training projects (as defined in the Guidelines Addendum, February 1970, page 13) which are supported by Regional Medical Program grant funds.

. Regional Medical Program grant funds may not be used for the payment of stipends, either directly or on the "maintenance of income principle," to participants in short-term continuing education and training projects. This does not include training for new careers for new types of health personnel.

. Other allowable costs of participant's support may be calculated according to the existing Guidelines. Regional Medical Program grant funds may be requested and awarded for per diem and travel to the extent of 50% of the total amount so derived. The awarded funds may then be paid to the enrolled trainees as considered appropriate by the project personnel, depending on the participants' ability to provide these costs for themselves and/or the willingness of their employers to provide them. No single individual may receive per diem or travel allowance at a rate higher than that prescribed by the present Guidelines.

. RMP funds may not be rebudgeted, from within or without the project budget, to increase the total amount awarded for per diem and travel above the 50% level.

2. The Council considered the present Guidelines regarding Regional Medical Program funding of projects of long-term post-doctoral training, at the senior resident and post-resident levels, particularly in the clinical sub-specialties of importance in patient management in the diseases targeted by Regional Medical Programs. As has been pointed out by both the Review Committee and the Council, requests for support for training of this kind are appearing more and more frequently in Regional Medical Program applications; because of the increasingly critical shortage of individuals trained in these fields, but also because of the drastic reduction in NIH funding which has previously been available for this purpose.

The Council unanimously agrees on the importance of maintaining the training programs in these fields in the major teaching centers throughout the nation. They also agree that funding through Regional Medical Programs would serve to strengthen the essential involvement of these centers of clinical excellence into the framework of cooperative arrangements which form the basis of the Region of which they are a part. It is recognized, however, that the allocation of an amount of funds large enough to make a significant impact, if provided from the present RMP appropriation, would create a serious and inappropriate imbalance in the RMP efforts to meet more their varied and comprehensive goals. The Council, therefore, requested the RMPS staff to forward to both HSMHA and DHEW its unanimous recommendation that arrangements be made to provide Federal assistance to clinical departments in major teaching centers to offset the identifiable education costs (as distinct from the costs identified with provision of patient services) of the maintenance of their clinical residency and post-residency training programs; that this mechanism be provided through the framework of Regional Medical Programs; and that funding, over and above the current grant funds appropriated to Regional Medical Programs, be sought for this purpose.

Accordingly, the Council recommends that until such funds are added to the annual appropriation, the Regional Medical Program Guidelines for operational grants under Section 904 of Title IX of the PHS Act be changed to exclude the payment of stipends and other participant costs for long-term training at the post-doctoral level.

3. The Council is keenly aware of the potentially crippling effect on Regional Medical Programs of continous investment in projects which were initially approved for demonstration of, or training in, new techniques of patient care, but provide what becomes an essential service to patients. They continue to believe, however, that it would be unwise and indeed impossible to develop a firm policy arbitrarily including or excluding projects of this kind, and instead urge the RMPS staff to work closely with Regions, as they develop projects, to be certain that other sources of support for maintenance of the service involved be well in hand before such a project is initiated; and also to encourage Regions to carefully investigate every possibility of capturing the fees paid for the service involved, for reinvestment in the project.

B. Special Actions

NORTHEASTERN OHIO REGIONAL MEDICAL PROGRAM

In response to a special appeal for reconsideration of previous action on Project #7 (A Comprehensive Out-patient Stroke Rehabilitation Demonstration), the Council considered the additional information submitted and recommended that the project be approved as requested.

01 - $48,233 02 - $50,145 03 - $26,076

NORTHLANDS REGIONAL MEDICAL PROGRAM

The National Advisory Council considered a request for the initiation of interim support to the Diabetes Detection and Education Center in Minneapolis with the understanding that (a) these funds will be made available from the Region's unexpended balances and (b) that this approval does not in any sense indicate commitment to approve the forthcoming application for RMP participation in the long-range basic support of this Center.

VIRGINIA REGIONAL MEDICAL PROGRAM

In regard to Project #4 (Stroke in a Small Rural Community) the Council concurred in the staff's recommendation for a waiver of the restrictions imposed as a condition of the original approval of this project, subject to the satisfaction of RMPS that the purposes of the project are being adequately achieved.

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

In regard to Project #10 (Western New York Tumor Registry) the Council concurred with the Review Committee's recommendation for continuation of the project as amended.

C. Recommendations for Action 1/

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

ALBANY REGIONAL MEDICAL PROGRAM

RM 00004 7/70.1 - Operational Supplemental - Approval with specific conditions.

Project #7A(R) - Approval I with the conditions specified by the Review Committee.
Project #7B(R) - Approval I with the conditions specified by the Review Committee.
Project #18 - Non-approval II - Revision Required.

01 - $36,930 02 - $36,930 03 - $0

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

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

CALIFORNIA REGIONAL MEDICAL PROGRAM (CONT)

Project #56 - Approval I
Project #60 - Approval I in the reduced amount
Project #61 - Non-approval I

01 - $107,307 02 - $117,248 03 - $121,393

CENTRAL NEW YORK REGIONAL MEDICAL PROGRAM

RM 00050 7/70.1 - Operational Supplement - Conditional approval.

Project #15 - Approval I at a reduced level with the conditions specified by the Review Committee.

01 - $40,000 02 - $50,000 03 - $53,000

COLORADO/WYOMING REGIONAL MEDICAL PROGRAM

RM 00040 7/70.1 - Operational Supplement - Return for Revision.

Project #13R - Non-approval II. Return for revision with the clarification requested by the Review Committee.

FLORIDA REGIONAL MEDICAL PROGRAM

RM 00024 7/70.1 - Return for revision.

Project #36 - Non-approval II with recommendations for revision as suggested by the Review Committee.

GEORGIA REGIONAL MEDICAL PROGRAM

RM 00046 7/70.1 - Conditional approval.

Projects #31 and #32 - Approval in the reduced amount of $100,000 to be used for the initiation of both projects as seen fit by the Georgia RMP.

Project #33 - Non-approval I.

01 - $100,000 02 - $100,000 03 - $0

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM

RM 00026 7/70.1 - Disapproval - inappropriate for RMP funding.

Project #19 - Non-approval I

HAWAII REGIONAL MEDICAL PROGRAM

RM 00001 7/70.1 - Operational Supplement - Approval

Project #21 - Approval I
Project #22 - Approval I

01 - $202,743 02 - $99,168 03 - $108,252

ILLINOIS REGIONAL MEDICAL PROGRAM

RM 00061 7/70.1 - Approval with specific conditions.

Project # 9 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #10 - Approval I
Project #11 - Approval I with the conditions specified by the Review Committee.
Project #12 - Approval I
Project #13 - Approval I with the conditions specified by the Review Committee; with second and third year funding contingent upon progress in the first year to be assessed by the Council on the basis of a progress report, continuation application, and the report of the technical site visit to be held sometime toward the end of the first year.

01 - $587,412 02 - $661,237 03 - $341,883

INDIANA REGIONAL MEDICAL PROGRAM

RM 00043 7/70.1 - Operational Supplement - Non-approval

Project #19 - Non-approval I inappropriateness for RMP funding based on the Council's decision to defer approval of projects proposing the clinical application of genetic counselling, pending further scientific validation of the clinical uses of this technique.

Project #20 - Non-approval II with the recommendations for revision suggested by the Review Committee.

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM

RM 00015 7/70.1 - Operational Supplement - Return for Revision

Project #27 - Non-approval II with the recommendations for revision suggested by the Review Committee.

KANSAS REGIONAL MEDICAL PROGRAM

RM 00002 7/70.1 - Operational Supplement - Return for Revision

Project #39 - Non-approval II with the recommendations for revision suggested by the Review Committee.

LOUISIANA REGIONAL MEDICAL PROGRAM

RM 00033 7/70.1 - Approval with specific conditions.

Project # 8 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project # 9 - Approval I in a reduced amount and with the conditions specified by the Review Committee.
Project #10 - Approval I
Project #11 - Approval II
Project #12 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #13 - Approval II

01 - $147,532 02 - $77,242 03 - $79,342

MARYLAND REGIONAL MEDICAL PROGRAM

RM 00044 7/70.1 and 7/70.2 - Operational Supplements - Approval with specific conditions.

Projects #25 and #26 - Approval I with both projects to be combined at a reduced amount and with the conditions specified by the Review Committee.

Project #27 - Approval I
Project #28 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #29 - Non-approval I
Project #30 - Non-approval I

01 - $94,975 02 - $144,475 03 - $145,975

MEMPHIS REGIONAL MEDICAL PROGRAM

RM 00051 7/70.1 - Operational Supplement - Disapproval. Inappropriate for RMP funding.

Project #27 - Non-approval I. The Council was in agreement with the Review Committee in recommending non-approval for the Peripheral Vascular Clinic Project. They wish, however,

MEMPHIS REGIONAL MEDICAL PROGRAM (CONT).

to be certain that the project personnel and the Memphis RMP understand that the recommendation in no way reflects a disagreement with the inherit service value of the Clinic nor suggests lack of confidence in the staff and Institution. The action does not preclude resubmission of a request for RMP funding for the continuing education aspects of this project at such time as these are more thoroughly planned and ready to be implemented.

Project #28 - Non-approval I

METROPOLITAN WASHINGTON, D.C. REGIONAL MEDICAL PROGRAM

RM 00031 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #36 - Non-approval I
Project #37 - Approval I at the reduced level and with the conditions specified by the Review Committee.

01 - $38,477 02 - $40,618 03 - $44,928

MICHIGAN REGIONAL MEDICAL PROGRAM

RM 00053 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #16R - Approval I
Project #27 - Approval I with the conditions specified by the Review Committee. In concurring with all of the recommendations of the Review Committee, the Council urged the RMPS staff to work closely in the development of this project with the hope that it will come closer to a demonstration of comprehensive care, as promised by its title, than it would presently appear to be.
Project #28 - Non-approval II with the recommendations for revision suggested by the Review Committee.

01 - $550,970 02 - $454,574 03 - $477,459

MISSISSIPPI REGIONAL MEDICAL PROGRAM

RM 00057 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #2R - Approval in the reduced amount for 18-months with the conditions specified by the Review Committee and with the understanding that this will represent the termination of RMP funding of this activity.

MISSISSIPPI REGIONAL MEDICAL PROGRAM (CONT)

Project #13 - Approval I
Project #14 - Non-approval II with the recommendation that the Region be requested to reconsider their program in the light of the National guidelines for RMP participation in comprehensive kidney disease programs. Council further recommended that the Region be afforded direct help by the staff of RMPS in making their decision in this regard and in planning a revision if such is to be proposed.

01 - $213,420 02 - $125,946 03 - $39,455

MISSOURI REGIONAL MEDICAL PROGRAM

RM 00009 7/70.1 and 7/70.2 - Operational Supplement - Approval with specific conditions.

Project #60 - Non-approval II
Project #61 - Non-approval II. Although the Council agreed with the Review Committee that these two projects, as presented, are unacceptable for Regional Medical Programs support, they recalled the recommendations of the recent indepth site visit to MoRMP and suggested that with staff help from both RMPS and MoRMP these "outreach" projects could be developed into important components of the Program.
Project #62 - Approval I in a reduced amount and with the conditions specified by the Review Committee.
Project #63 - Non-approval II - The Council recommends that this project be integrated into the Region's overall continuing education effort in the preparation of the Region's Anniversary Review application.

01 - $330,243 02 - $36,984 03 - $39,165

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

RM 00032 7/70.1 - Operational Supplement - Approval

Project #12 - Approval I
Project #13 - Approval I

01 - $184,976 02 - $191,117 03 - $197,804

NEW MEXICO REGIONAL MEDICAL PROGRAM

RM 00034 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #13 - Non-approval II

NEW MEXICO REGIONAL MEDICAL PROGRAM (CONT)

Project #14 - Approval I in the reduced amount and with the conditions specified by the Review Committee.
Project #15 - Approval I with the conditions specified by the Review Committee.

01 - $92,100 02 - $99,900 03 - $101,765

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM

RM 00058 7/70.1 and 7/70.2 - Operational Supplements - Approval with specific conditions.

Project #16 - Non-approval II with the recommendations for revision suggested by the Review Committee and with the advice that the Region defer further planning for RMP participation in kidney disease services in the New York Metropolitan area until they receive the National policy guidelines which are in preparation.

Project #17 - Approval I. The Council based its recommendation on the findings of the site visit team which had visited the project on the advice of the Review Committee.
Project #18 - Non-approval I
Project #19 - Approval I

01 - $476,475 02 - $494,965 03 - $350,000

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

RM 00006 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #3R - Approval I
Project #26 - No Action Taken. Site visit required.

01 - $89,908 02 - $62,550 03 - $42,306

NORTH DAKOTA REGIONAL MEDICAL PROGRAM

RM 00060 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #5 - Approval I
Project #6 - Approval I. Although Council was in general agreement with the Review Committee concerning the shortcomings of this project, it was their opinion, based on first-hand knowledge of the institution and personnel involved in the project and on their experience in site visiting this

NORTH DAKOTA REGIONAL MEDICAL PROGRAM (CONT)

Region, that the approval of this project is essential for further development of the North Dakota Regional Medical Programs. In recommending approval, Council strongly urged RMPS staff to work with the Region and with personnel involved in this project to correct some of the deficiencies and get it off to a good start.

Project #7 - Approval I for essentially the same reasons given above. The Council believes that the implementation of this project is essential to regional development and suggested that it be approved at $35,000 (dco) for one year only with continued support contingent upon revision of the project with staff assistance, and reapplication to the Council.

Project #8 - Non-approval I
Project #9 - Approval I

01 - $115,383 02 - $79,772 03 - $79,549

NORTHWEST OHIO REGIONAL MEDICAL PROGRAM

RM 00063 7/70.1 and 7/70.2 - Operational Supplements - Approval with specific conditions.

Project #01-S - Non-approval I
Project #13 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #14 - Approval with the conditions specified by the Review Committee, for one year only.
Project #15 - Approval I. Although the Council recognized this as another of the "Council for Continuing Education" projects which have been submitted by the Ohio State Region and action upon which has been deferred pending the outcome of the initially funded one. The Council accepted the advice of the site visitors that the project is of critical importance to the Northwest Ohio Regional Medical Program and probably has an excellent chance of success under the leadership proposed.
Project #16 - to be incorporated with project #14.
Project #17 - Approval in the reduced amount and with the conditions specified by the Review Committee.

The Council further considered the findings of the site visit team regarding the Region as a whole; its organization, administration, and plans. It is their recommendation that the Region be urged to seek stronger leadership but the Council agreed that any specific recommendation regarding personnel would be inappropriate.

NORTHWEST OHIO REGIONAL MEDICAL PROGRAM (CONT)

The value of an assessment visit as recommended by the visitors was questioned since it would probably do no more than re-identify the problem. Council suggested that perhaps direct and frequent assistance from RMP staff and consultants would be more helpful than further investigations of the situation.

01 - $145,830 02 - $70,525 03 - $21,250

OHIO STATE REGIONAL MEDICAL PROGRAM

RM 00022 7/70.1 and 7/70.2 - Operational Renewal and Supplement - Approval with specific conditions.

Project #1R - Approval I at the reduced level and with the conditions specified by the Review Committee
Project #8R - Approval I in the reduced amount and with the conditions specified by the Review Committee.
Project #22 - Approval I (This project was considered by the Council in the previous review cycle and action was deferred at that time).
Project #24 - Non-approval II with the recommendations for revision suggested by the Review Committee.

01 - $714,075 02 - $778,731 03 - $847,944

OHIO VALLEY REGIONAL MEDICAL PROGRAM

RM 00048 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #12 - Approval I in the reduced amount recommended by the expert technical reviewer.
Project #13 - Approval I. To be funded only if not funded by other Federal resources.
Project #14 - Approval II
Project #15 - Approval I
Project #16 - Non-approval II with the recommendations for revision as suggested by the Review Committee.
Project #17 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #18 - Non-approval I

01 - $273,546 02 - $296,215 03 - $327,657

OREGON REGIONAL MEDICAL PROGRAM

RM 00012 7/70.1 - Operational Supplement - Approval

Project #12R - Approval I
Project #16 - Approval I

01 - $59,375 02 - $28,829 03 - $14,843

PUERTO RICO REGIONAL MEDICAL PROGRAM

RM 00065 7/70.1 - Operational Supplement - Approval with specific conditions.

Project # 9 - Approval I in the reduced amount and with the conditions specified by the Review Committee.
Project #11 - Approval I with the conditions specified by the Review Committee.

01 - $320,936 02 - $227,436 03 - $233,636

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM

RM 00035 7/70.1 - Operational Supplement - Non-approval.

Project #35 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #36 - No action taken. Site visit is indicated.
Project #37 - Non-approval I

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

RM 00059 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #20 - Non-approval I
Project #21 - Approval I in the reduced amount to reflect the newly adopted policy on training project participants.
Project #22 - Non-approval I
Project #23 - Non-approval I
Project #24 - Non-approval II with the recommendations for revision suggested by the Review Committee.
Project #25 - Non-approval II. The Council was in general agreement with the Review Committee regarding the specifics of the project but believe that further development of this project along with #24 is in the best interest of the the Region and has requested that the RMPS staff offer assistance to the Region in this regard.

Project #26 - Approval I

01 - $92,134 02 - $78,915 03 - $83,294

TEXAS REGIONAL MEDICAL PROGRAM

RM 00007 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #8R - Approval I contingent upon the satisfaction of a technical site visit team regarding four specific points set forth by the Review Committee.

Project #14R - Approval I with conditions specified by the Review Committee.
Project #15R - Approval I
Project #48 - Non-approval I
Project #49 - Non-approval I

01 - $460,640 02 - $296,595 03 - $240,386

TRI-STATE REGIONAL MEDICAL PROGRAM

RM 00062 7/70.1 - Operational Supplement - Approval

Project #9 - Approval I in a reduced amount and with the conditions specified by the Review Committee.

01 - $105,300 02 - $85,600 03 - $63,000

VIRGINIA REGIONAL MEDICAL PROGRAM

RM 00049 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #10 - Approval I with the conditions specified by the Review Committee. In discussing this project the Council wished to stress the importance of the condition for approval of this project and urges great care on the part of the staff in adjusting the second and third year amounts of RMP support by utilizing patient revenues to offset costs of the project.

01 - $268,552 02 - $480,479* 03 - $533,504*

* To be negotiated downward

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

RM 00013 7/70.1 - Operational Supplement - Approval with specific conditions.

Project #15 - Approval I in the reduced amount and with the conditions specified.
Project #16 - Approval I in the reduced amounts and with the conditions specified by the Review Committee. Council expressed its willingness to allow the Region to increase the funding

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM (CONT)

of this project to a maximum of $100,000, providing such a level of funding would be required to maintain this valuable regional resource.

Project #17 - Non-approval I

01 - $350,000 02 - $350,000 03 - $350,000

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM

RM 00041 7/70.1 - Operational Supplement - Approval

Project #9 - Approval I

01 - $43,911 02 - $44,820 03 - $46,995

WISCONSIN REGIONAL MEDICAL PROGRAM

RM 00037 7/70.1 and 7/70.2 - Operational Supplement - Approval with specific conditions.

Project #13A (R) - Approval II
Project #18A - Approval I
Project #18B - Non-approval I
Project #18I - Non-approval I
Project #18K - Non-approval I
Project #19 - Non-approval I. Council based this recommendation on the findings of a collateral review of the project by the staff of Maternal and Child Health Service, HSMHA, which was requested at the suggestion of the Review Committee.

Project #20 - Approval I
Project #21 - Non-approval I
Project #22 - Approval I
Project #23 - Approval I in the reduced amount and with the conditions specified by the Review Committee.

01 - $292,815 02 - $167,807 03 - $172,395

XI. ADJOURNMENT

The meeting was adjourned at 11:30 a.m. on July 29, 1970

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

Harold Margulies

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

RECORDING OF RECOMMENDATIONS

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

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

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

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

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

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

(On Entire Applications)

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

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

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

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CHAIRMAN

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ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL

July 28-29, 1970

RMPS STAFF ATTENDING

Miss Rhoda Abrams
Mr. H. Earle Belue
Dr. Edward T. Blomquist
Mr. J. Edgar Caswell
Dr. Donald R. Chadwick
Mr. Cleveland R. Chambliss
Mr. Clyde Couchman
Dr. Sam Fox, III
Mr. Edward Friedlander
Mr. Sam O. Gilmer
Mr. Charles Hilsenroth
Miss Dona Houseal
Mr. Frank Ichniowski
Dr. Anthony Komaroff
Mrs. Lorraine Kyttle
Mr. John M. Korn, Jr.
Dr. Marion E. Leach
Mr. Gregory Lewis
Mr. Ray Maddox
Miss Elsa Nelson
Mr. Roland Peterson
Mrs. Martha L. Phillips
Miss Leah Resnick
Mr. Donald Riedesel
Mrs. Jessie Salazar
Mrs. Sarah Silsbee
Dr. Margaret Sloan
Mr. James Smith
Mr. Dan Spain
Mr. Lee Teets
Mr. Francis Van Hee, Jr.
Mr. Lee Van Winkle
Mr. Frank Zizlavsky

OTHERS ATTENDING

Dr. Maurice Bender, OS
Dr. J.H.U. Brown, NIGMS, NIH
Dr. John Cashman, CHS, HSMHA
Mr. James Dunlop, A.D. Little, Inc.
Miss Sylvia Kesinger, CHS, HSMHA
Dr. Richard Levinson, Veterans Administration
Mr. Wendall Maddrey, NCHSR&D, HSMHA
Mrs. Sylvia Paymer, NCI, NIH
Mr. Norman Tucker, BHPEMT, NIH
Dr. T. M. Valega, NIAMD, NIH
Dr. William Zukel, NH&LI, NIH