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Editorial: HERE WE GO AGAIN!

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As some of you will remember from the early RMP Days, the legislation initially known as the Heart Disease, Cancer, and Stroke Program underwent an early name change to Regional Medical Programs. This uncertainty about the name of the program, the lack of direction from the federal government as to specific goals and objectives to be achieved by this new program, and the minimal amount of money made available resulted in a considerable degree of confusion. Gradually, the catch phrases of the legislation were examined and "cooperative arrangements" were defined as working agreements between medical schools, hospitals, and clinics. "Bringing the latest scientific finding from the laboratory to the practitioner" was defined as continuing education of health professionals and has, unquestionably, upgraded medical care throughout the United States during the intervening five years. Much of this improvement was accomplished in the areas of Heart Disease, Cancer, and Stroke, as might be expected. Although these "killer" diseases account for 70% of the causes of death in the United States, a definite impact upon care of patients with other diseases has occurred.

During the past several years we have heard more and more about the inadequacies of health care delivery throughout the United States. The statement is made that vast numbers of our citizens cannot or do not know how to obtain medical care. We are told that the private practitioner of medicine is similar to the proprietor of the corner grocery store who cannot compete adequately with the supermarket, that the delivery system must be changed. There is little doubt that some change is going to occur since the administration is recommending health care through Health Maintainance Organizations, Senator Edward Kennedy is Advocating National Health Insurance, the American Hospital Association is recommending its recently developed "Ameriplan", and even the American Medical Association is advocating a program known as "Medicredit."

At the same time that the various persons and organizations are recommending changes in the methods of financing health care, Regional Medical Programs finds itself somewhat at odds with the declared health goals of the Nixon administration. As one of the programs within the Health Services and Mental Health Administration, it seems appropriate to many coordinators that Regional Medical Programs should review these stated objectives and see which are appropriate to it. During late 1970, those concerned with the Regional Medical Programs in California determined that the areas of health manpower and the delivery of personal health services to those [illegible] of citizens deprived of health care or to ponent money recently granted to the California Region was specifically set aside for the planning of small projects related to those two subjects.

Since this decision was reached, it has become apparent that at the national level there is a further de-emphasis of a categorical approach to health care delivery. One self-evident result of this de-emphasis is the reduction in the Regional Medical Program budget, both during the current year and for the coming year. Thus, ongoing projects with categorical emphasis will be continued for their lifetime, but when they expire in 1972 and 1973, competition for the money thus released will be intense, since it is anticipated that no new money will be available for categorical disease activities. This, despite the fact that the law passed by the Congress of the United States still defines the activities of Regional Medical Programs to be in the area of Heart Disease, Cancer, Stroke, Kidney Disease, and Related Conditions.

Thus, once again, Regional Medical Programs, in a five-year instant replay, finds itself in a state of flux with minimal direction as to its activities for the coming few months or years. The administration suggests one course of action, the law under which the program continues states another. It would seem that the only logical course to follow is to continue those activities that have made Regional Medical Programs a viable entity in the past. In Area II this will be reflected in the continuation of those educational activities which have become the hallmark of this program. At the same time, in view of the new national priorities, we must be aware of those areas in which we can have a meaningful impact in improving health care delivery. With the minimal budget available, we must recognize problems; then through careful study and involvement of many people and organizations, find solutions to those problems. In the future, Regional Medical Programs must continue to be the proponent of quality in the delivery of health care. The RMP must investigate innovative approaches to health care problems, whither categorical or related to the delivery of care. Regional Medical Programs have demonstrated their ability to bring together the universities, medical schools, hospitals, medical societies, and the practitioners. These accomplishments must not be allowed to fade away. During its short life, the Regional Medical Program has attracted a number of highly qualified people to its ranks, both at the core staff level and as volunteers. For the good of medicine in the future, these relationships must be maintained.