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## RMP REVIEW GUIDE

This guide is intended primarily for the ad hoc RMP reviewers, to outline briefly for you -

- \* Certain situational factors and considerations that in effect constitute the background against which your review will take place and, to some extent, be constrained by.
- \* The proposed substantive focus of this review and its form, the procedures to be followed.
- \* How subsequent Council actions and eventual funding decisions will relate to and be guided by your review, assessment and recommendations.

These guide materials will be elaborated upon further at the outset of the May review session.

### Background

There were a number of important developments and changes in the period preceeding the announced phaseout of RMP in January 1973. Reviewers need to be aware of and keep in mind that -

- \* Responsibility for technical review of project proposals and allocation of funds awarded among that array of proposed activities, was largely decentralized to the Regional Medical Programs in 1971.
- \* Principal focus of review at the national level switched from individual projects to overall program; and essentially a triennial review system and schedule was inaugurated at that time also.
- \* Explicit review criteria were instituted; and a corollary rating and ranking system was established in mid-1971.
- \* This permitted implementation of a selective funding policy which was actively pursued until January 1973. Under it, Regions judged to have comparatively better quality programs received higher funding levels, and those of poorer quality, somewhat less than their previous levels.

Needless to say there have been some significant developments in the wake of the proposed phaseout announcement.

- \* Funding levels were severely reduced and both RMP operational and program activities, including staff, were correspondingly cut back drastically during calendar year 1973; and three Regions (i.e., Ohio State, Northeast Ohio and Delaware) were actually phased out last year.

- \* The one-year legislative extension of RMP, enacted in June 1973, and the appropriation of funds for FY74, led to a minimal continuation of funding of the 53 remaining Regions through June 30, 1974. Two sets of awards were made -- in September 1973 for the period October 1 to December 31, 1973, and again this past December for the current six-month period. The activities that could be applied for and undertaken were restricted to a few so-called option areas (e.g., hypertension, EMS) prescribed by OASH; and the amounts granted each Region reflected a pro rata share based upon its annualized funding level immediately prior to the phaseout announcement.
- \* These applications were reviewed by DRMP staff since the National RMP Review Committee had been abolished in mid-1973; and the actions proposed confirmed by the National Advisory Council, whose membership had shrunk to eight by November 1973. (Appointments made within the past month bring the Council almost up to full strength.)

The Federal court order issued on February 7, 1974, as a result of the suit brought by the RMPs last September in effect released all the impounded FY 73 and 74 funds; removed the previous restrictions on their use by the RMPs; and lifted the June 30, 1974 deadline for their expenditure. This most recent development and the others noted above, set the stage for the present cycle of application submissions, their review and funding. They also impose what are in effect certain constraints.

- \* All 53 Regions are submitting requests for the May-June review. This poses a tremendous workload for all concerned.
- \* Many of them also will be requesting additional funds for new activities to be reviewed in July-August. Thus, the total programs proposed by these RMPs will in terms of their specifics be incompletely reflected in this May-June cycle.
- \* The funds requested, now and in the July 1 submissions, far exceed the total available. Although it was suggested to the Regions that 140% of their pre-phaseout funding level would constitute a reasonable "target" for their requests, most have applied for more.
- \* The previously existing RMP Review Committee and rating system have been abolished. Moreover, the resultant assessments and rankings have little or no validity after the trauma of phaseout and the marked changes that have taken place in many Regions over the past 18 months.
- \* Our information and intelligence on the RMPs is on the whole very inadequate and not current. (Some Regions, for example, have not had a full Committee and Council review, including site visit, in three years; and with four exceptions, none have been site visited since 1972.)

### Review Focus

The principal focus of this review must of necessity be on the Region, its overall program and proposal. More specifically, the RMPs have been advised that their program proposals, applications, would be reviewed and assessed against certain general criteria and factors. These, which were spelled out in the "RMP Guidelines and Instructions for Grant Requests" (dated March 7, 1974), include (1) program leadership, (2) program staff, (3) Regional Advisory Group, (4) past performance and accomplishments, (5) objectives and priorities, (6) proposal, (7) feasibility and (8) CHP relationships.

Thus, while review of individual projects and activities is not called for, indeed would be highly inappropriate in most instances, you will want and need to look at the broad program elements or areas (e.g., quality of care, manpower, access) set forth by the Regions in their applications. For example, to what extent do the several individual activities proposed within a given program area, constitute a reasonable whole or cohesive grouping; how feasible do they appear to be in the aggregate; and are they largely congruent and consistent with the RMP's own stated objectives and priorities?

Certain individual projects or activities also will be examined where there are critical or negative CHP comments to assure that the RMP in question has adequately considered these.

### Review Procedures

The reviewers will meet in two groups. This is necessary in view of the large number of applications to be reviewed. Each group will be chaired by a senior DRMP staff person (Mrs. Judy Silsbee, Chief of the Operations and Development Branch and Mr. Roland L. Peterson, Chief of the Planning and Evaluation Branch).

Two reviewers will be assigned to each of the 53 applications and Regions. This means that every reviewer will be responsible for four or five applications. (You already have been notified of your assignments and by now should have received copies of those applications.)

Because of the volume of applications, it will be necessary to limit the time for each review to 30-40 minutes. This includes the presentations by the principal and secondary reviewers, discussion by other panel members, and staff responses to any questions of fact and requests for clarification. It is imperative, therefore, that presentations of assigned reviewers be succinct and appropriately structured.

The Chiefs of the Operational Desks and their staffs will be present to respond to questions, supply additional information, and the like. Reviewers also will have the benefit of brief written staff analyses on each Region and its application, which will have been provided them beforehand.

For each Region and application, both assigned reviewers will be asked to complete a Review Sheet, copy attached. These will be collected by the chairmen.

After all reviews have been completed on the second (or third) day, reviewers will meet as one group to discuss their respective recommendations and determine whether similar issues have been handled in a consistent fashion. Based on these discussions opportunity will be provided to reexamine and possibly modify the results of prior deliberations.

#### Council Action and Funding Decisions

The results of your review, including individual RMP and comparative assessments and recommended funding levels, will of course be presented to the National Advisory Council when it meets on June 12 and 13.

Council, which by law is required to "consider all applications for grants...[and] make recommendations...with respect to approval of applications...and the amounts of grants" has always been guided largely by Review Committee recommendations, in its actions. They will be even more dependent on the views of initial reviewers since over half of the present Council members are newly appointed. This was clearly recognized by the holdover Council members who, at their last meeting in February, strongly urged that adequate preliminary review be reinstated for the May-June application submissions, since resultant awards will total about \$120 million.

The Acting Director of DRMP, who has the final responsibility and authority for final funding decisions, also will rely heavily on your review and assessments. This will be particularly true where amounts to be awarded Regions represent significant or marked increases (or decreases) from their pre-phaseout level of funding.

REVIEW SHEET  
(May 1974)

Region: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS: Please complete this sheet for each RMP application for which you are a reviewer. Based upon your review of the application, prior knowledge of the Region, and any other information presented, indicate your qualitative assessment for each of the criteria/factors (1-8) listed below with a check mark opposite the item. Also your overall assessment (9) and any additional comments or observations (10).

1. PROGRAM LEADERSHIP: Ability of the present coordinator, RAG chairman, and executive committee to provide strong program leadership and direction.
2. PROGRAM STAFF: Adequacy of program staff (e.g., experience, numbers, skills and competencies) to (a) manage and monitor operational projects and (b) undertake such activities as will contribute to local CHP plan development and related efforts.
3. REGIONAL ADVISORY GROUP: Extent to which RAG has been an active, dominant and positive force in setting overall goals, objectives and priorities for the program; and the ability of it and the related advisory structure (e.g., technical review panels, program development committees) to provide adequate technical review of proposals.
4. PAST PERFORMANCE AND ACCOMPLISHMENTS: Extent to which activities have in recent years (a) directly addressed substantive problems of availability and access of services, efficiency of the system, and quality of care, (b) assisted in launching other Federal initiatives (e.g., EMS), and (c) been continued where appropriate after termination of RMP support,
5. OBJECTIVES AND PRIORITIES: Extent to which the RMP has (a) established rather specific short-term objectives and priorities and (b) successfully programmed and supported activities in these areas.

Good/Excellent

Satisfactory

Poor/Inadequate

Insufficient Basis


6. PROPOSAL: Degree to which the operational and other activities proposed are (a) congruent with the Region's own explicit objectives and priorities, (b) addressed to the suggested areas of emphasis, and (c) in accord with CHP plans and comments, that is, reflect needs and priorities identified by areawide and state CHP agencies.

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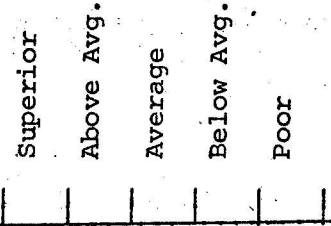
7. FEASIBILITY: Likelihood the activities and projects proposed can be successfully implemented and concluded, the results sought achieved, within the budget and time proposed.

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8. CHP RELATIONSHIPS: Extent of (a) cooperation and coordination with CHP agencies, (b) effective working relationships, and (c) joint undertaking as reflected in previous activities.

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9. OVERALL ASSESSMENT: Indicate with a slash your overall assessment of the Region in terms of a spectrum from superior to poor.



10. ADDITIONAL COMMENTS:

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