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CALIFORNIA REGIONAL MEDICAL PROGRAMS • AREA V

V-MINUTE NEWS, for the first issue of 1972, is pleased to present excerpts from the AREA V REVIEW, a report of some of the projects undertaken in the Area between 1967 and 1971.

COMMENTS OF THE COORDINATOR

Donald W. Petit, M.D.
Coordinator, Area V

Regional Medical Programs, from its inception, has been an educational enterprise with a primary interest in the education of health professionals. The future contains an enormous challenge to RMP to act as a catalyzer and convener in bringing together those responsible for the selection and education of individuals in various health careers; of those who employ these skills; and finally, of those who use the services of the health manpower team. It is hoped that the combined efforts of these groups may begin to meet many of the problems of recruitment and retention that now exist in the health professions; will be able to solve some of the problems of career mobility; will be able to correct deficiencies of articulation between varying levels of education; and will develop some mechanism that will relate the quantity, the quality, and the relevancy of health manpower to the requirements of the delivery system.

One mechanism proposed for this is the Area Health Education Center and vigorous efforts are now under way in Area V to bring together high schools, community colleges, four-year colleges, the university, hospitals, and the community in East Los Angeles, to develop an instrument that can meet some of the needs expressed above.

As such centers develop they will, through coordination of effort, have an impact on some of the large problems of credentialing of teachers and licensure of health professionals that now beset the health manpower field. As with many social problems, this will require not only a large, regionwide approach but also careful attention to those things that can only be done at a community level. In other words, it is essential that we develop a depth of vision that can appreciate not only the "grandeur of the forest but the intricacy of the bark."

PACEMAKER PROJECT

The Pacemaker Registry and Information Center, which became operational in May 1970, has four major objectives. The first of these is to register patients with pacemakers. As of October 1, 1970, a total of 640 patients with pacemakers have been identified. Of these, 270 are fully registered and actively followed by the Registry. The remainder are patients who are actively followed by various pacemaker clinics or whose physicians, for one reason or another, do not wish full registry services. In preparation for an on-line computerized pacemaker status and clinical data system linked with LAC/USC Medical Center computer service, the Registry's data collection forms are now being used by an additional pacemaker clinic serving 120 patients in the area. The Registry is currently exploring alternatives for following patients' progress, utilizing a remote data collection device. Several devices have been developed making it possible to receive and record pacemaker

interval data via telephone lines which are especially useful for long distance surveillance. The project is currently using one such device to follow a select group of patients by teletransmission.

Another objective of the project is the recovery of pacemakers. To date, some 460 pacemakers have been recovered of which over half are recovered on replacement. Post-mortem pacemaker recoveries account for 175 of the total and of these, approximately 12% have been found to exhibit malfunctions which may be considered life threatening. The recovery program is proving to be a valuable asset to determining the reliability and validity of pacemaker function.

A third objective of the project is to provide an information center regarding the use and functions of pacemakers. This aspect of the project became fully operational in February 1971 and since then, more than 40 consultations have been provided by the Registry. The registry format for patient follow-up is being used as a model by physicians and others in establishing pacemaker clinics both nationally and internationally.

The fourth objective of the project is to provide professional education in the use and functions of pacemakers. A display board is used to show the various kinds of pacemakers and to describe their uses and parameters. An easily read quick reference chart, which can be displayed on the walls in emergency and critical care rooms, is being distributed to health care facilities in Southern California. This chart helps the clinician correctly identify pacemaker function and malfunction in light of pertinent clinical evidence. Other educational efforts have been the presentation of lectures and seminars throughout the country, and several papers presented at local and international meets by the Project Director. A one-day pacemaker course was held in conjunction with the Division of Postgraduate Medical Education at USC on June 11, 1971. Finally, the project has instituted a newsletter which is distributed periodically to hospitals and physicians throughout Southern California.

CORONARY CARE TRAINING
PROGRAM FOR PHYSICIANS
AND NURSES

At the conclusion of this three-year program on August 31, 1971, 107 physicians had participated either in the two-week intensive training course or the ten week part-time course. In the same period, 593 nurses graduated from a four-week intensive course while an additional 110 nurses participated in a special program using the ROCOM multi-media equipment. The community course was presented twice in the Antelope Valley area, and once each in the areas of Downey, San Gabriel, Pacoima, Arcadia, and Norwalk.

During the summers of 1970 and 1971, courses in acute coronary care for nursing instructors were offered in cooperation with the Department of Nursing at California State College-Los Angeles. Thirty-eight nursing instructors from community colleges and hospitals participated in these programs.

A Confederation of coronary care unit directors was organized and met periodically, and symposia were held to explore the latest findings and treatment techniques for coronary care.

A CCU Effectiveness Study was undertaken, in collaboration with other RAMP Areas, to collect information on approximately 20,000 patients, of whom 8,000 have had acute myocardial infarctions. The information gained from this study is serving as a basis for the identification of coronary care management problems and is providing coronary care unit staffs with an opportunity to compare their successes and failures with those of other coronary care units.

Evaluation of the project continued throughout the 3-year period. During the last year, extensive follow-up testing of physicians and nurses was conducted in their respective offices and hospitals six months after completion of their individual course. Also, a telephone survey was conducted of those nurses who attended the program during the first two years of the project to determine how many were still employed in coronary care units. A final evaluation report is in preparation.

STROKE REHABILITATION LIAISON NURSE PROGRAM

Over two years ago, the Area V Stroke Committee identified early rehabilitation and continuity of care following acute hospitalization as primary problems involving the management of stroke patients. To improve direct patient care in these two problem areas, a Stroke Rehabilitation Liaison Nurse Program was developed by Area V staff, based on a similar and very successful program at Memorial Hospital and Medical Center of Long Beach.

The concept involves training a Stroke Liaison Nurse to initiate a specific stroke management program in the acute hospital. This nurse, after evaluating the newly admitted stroke patient, works closely with the attending physician and nursing staff developing the overall patient care plan for that particular patient. This patient care plan subsequently involves others on the multi-disciplinary "stroke team" such as physical and occupational therapy, social service, etc.

Another phase of the program has the Stroke Liaison Nurse working closely with the patient's family and agency-institutions outside the hospital, in anticipation of discharge from the acute hospital. Training, consultation and coordination of services for extended care facilities and home health agencies fill out the role of the stroke nurse.

Totally through an Area V core effort (no operational funding was involved), and working with and utilizing community resources, six Stroke Rehabilitation Liaison Nurses (representing a total of 1700 acute beds) have now completed a comprehensive seven-week didactic and clinical course. This stroke program has since been well established in each of the participating hospitals and the Area V "stroke team", composed of core staff members, is presently developing strategy for expanding the program into six more acute hospitals during the remaining months of 1971.

Quarterly "Stroke Seminars" have been initiated providing an opportunity for the Liaison Nurses and Area V Stroke Team to meet for the purpose of information and program exchange.

PHYSICIAN EDUCATION IN EARLY CHRONIC RESPIRATORY DISEASE

This project, funded in July, 1969, has now entered its third and final year of operation. The project is essentially a program of postgraduate education aimed at the physician in private practice. The goal is to provide an educational experience that will enable the physician to detect and treat early stage chronic respiratory disease in his office.

The heart of the project is focused on three distinctly different experimental educational programs and one control program. These programs are designed to determine the teaching method that best achieves the project's education objectives.

Although physically based at the Los Angeles County - USC Medical Center, the project shares a strong working relationship with the Tuberculosis and Respiratory Disease Association of Los Angeles County. Through the Association's "Breathmobile" (Respiratory Screening Program) physicians with chronic respiratory disease patients are recruited to participate in one of the four educational programs.

A symposium to discuss various approaches and their merits in the prophylactic management of emphysema, chronic bronchitis and other obstructive lung diseases in their "presymptomatic stage" was held in October 1969, and attracted an audience of 105 physicians from all over California. The results of preliminary pre- and post-testing indicate that physicians in private practice are generally not well informed on the management of emphysema and other obstructive diseases and in diagnostic criteria and therapy.

In just two years the project has directly involved over 300 physicians and approximately 200 patients. The project's third year will see continued recruitment of physician and patients, and a series of physician seminars. Emphasis in the remaining few months of the project will be on evaluation of the educational approaches used in the project.

REGIONAL PLAN FOR KIDNEY DISEASE IN CALIFORNIA

The recently funded Regional Plan for Kidney Disease in California is the result of California's first real statewide RMP planning effort. Beginning early in 1970, the regional RMP Committee on Related Diseases, chaired by Dr. Donald W. Petil, initiated plans for a Regional Kidney Disease Conference where problems and solutions could be explored by renal experts from all over California and a few from out of state.

The California Regional Kidney Disease Planning Conference held in December, 1970 was attended by over 130 participants representing all of the organizations, programs, medical specialties and allied health disciplines in the state interested in renal disease. The Conference itself was co-sponsored by the nine RMP Areas and by the Kidney Foundation of Southern California and Northern California. The coordination of this conference was accomplished through the Area V office. Conference workshop sessions culminated in a series of recommendations for major action areas and a decision to develop a statewide program that could be submitted for funding by April 14, 1971. To meet this deadline, a Task Force composed of staff from RMP Areas I, IV, V, VIII and the Regional office held frequent meetings for several months, working with the preliminary proceedings of the December Conference to prepare the framework of the regional plan.

The proposal that was subsequently developed recognized that some aspects of the program lend themselves only to a single regionwide effort; others are most appropriate on a sub-regional or north-south basis; still others lend themselves to approach by a single Area or inter-Area basis.

The program thus developed represents a comprehensive plan for meeting needs in renal disease in California. Although the funding is limited, it is sufficient to initiate additional planning and perhaps to launch some pilot projects throughout the state. One such project which has received funds for a one-year period helps support an ongoing program for training Nephrology Assistants at the Los Angeles County - USC Medical Center.

THE AMERICAN INDIAN FREE CLINIC

Most published information available on the life of modern American Indians cites deplorable health conditions. Although health problems for the reservation Indian are great, they are even more complex for Indians who relinquish their status of being at least nominal charges of the Bureau of Indian Affairs and become, in effect, immigrants to urban areas.

Lack of access to health care services by the urban Indian is strongly linked with the other socio-cultural problems such as vocational opportunities, housing, educational adjustment and achievement, legal problems, language barriers, social acceptance, religious needs and other manifestations of culture shock.

In addition, effective, recognized, dependable leadership among the urban Indians is not ascertainable. This is closely related to a suspicion of the white man's purported efforts to "help" the Indian and a cautiousness which extends to anyone outside the Indian himself, his family or his tribe.

In January, 1970 a group of Indians contacted Area V for assistance in providing health resources to the estimated 60,000-75,000 American Indians in the Los Angeles area. Area V provided seed money of \$5,700 and technical staff assistance. Within three months, the Grace Southern Baptist Church in Compton was made available for a health center, the group incorporated as The American Indian Free Clinic, Inc., an all-Indian Board of Directors was elected and an Indian administrator was employed.

Telephone referral and information service by trained Indian aides was made available five afternoons a week beginning April, 1970. In October, 1970, medical, dental and counseling services two nights a week began. An average of 50 patients per night, representing a multitude of tribes, now come from all over Los Angeles County and the surrounding counties to receive treatment at the Clinic.

As significant as the achievements of the Clinic are to date, its effectiveness is limited by the internal and external problems previously described. A proposal has been submitted by Area V to fund a staff and supporting part-time consultants who will address themselves to assisting the Indian community and the American Indian Free Clinic in development of clinic management skills, leadership potential, professional and financial resources; to document more specific information about needs of urban Indians, ways of meeting these needs and to inform the health professions of the information discovered to encourage and deliver more effective and complete health services to the Indian population.

SOUTHERN CALIFORNIA COUNCIL OF FREE CLINICS

The success of the free clinic movement in serving alienated youth, and families who for geographic, ethnic or financial reasons have failed to connect with established health facilities has been attributed to their approach, which combines an atmosphere which lends itself to treating the patient instead of the symptom, a lack of intensive screening — personal, financial, or residential, and as non-judgmental a climate as is humanly possible; total community involvement on all levels of operation, with both professional and paraprofessional staff composed entirely of volunteers.

Although initial programs dealt largely with crisis intervention, the services of the clinics have been expanded to meet the health care needs of their communities more comprehensively and now offer medical and dental treatment, family planning and prenatal classes, legal and draft counseling, psychiatric counseling, and pregnancy and abortion counseling.

The Southern California Council of Free Clinics was established in August, 1970 with representation from each free clinic in Southern California. Ideas discussed by Council members are directed back to each clinic's Board of Directors, composed of representatives from the community; thus, a direct line is created between the users and the providers of free clinic services. The Council meets regularly once a month; the Executive Committee once a week, and committees as necessary. An Advisory Board has been formed and began meeting in October, 1971. Bi-monthly clinic schedules are published and a small central office is maintained.

A grant proposal submitted by Area V has been approved, but remains unfunded at the present time. It proposes: To develop the ability of Southern California Council of Free Clinics to maintain itself; to protect the individuality of each free clinic; to be sure the Southern California Council reflects the clinics' needs; to help each free clinic maximize its range of services and use of resources; to enhance the maintenance of free clinics financially and through support of volunteers and voluntary health agencies.

There are now over 33 Free Clinics throughout Southern California — all private, non-profit corporations directed and operated by the people who use them. The free clinics in Los Angeles County alone recorded 324,500 patient visits in 1970.

RESPIRATORY TRAINING INSTITUTE

This project was designed to develop a health team approach in patient care for the respiratory disease patient in Los Angeles through a series of specialized training courses.

The main objective of the program is to improve the quality of patient care for patients with respiratory diseases by increasing the knowledge of members of the health teams and by integrating existing knowledge and skills in the team approach to respiratory care.

The objective is reached by providing a series of three progression training programs starting with a basic core curriculum (called Level I) and proceeding through an intermediate and advanced curriculum (called Level II and Level III). The program is designed so that all health team members including physicians, nurses, inhalation therapists, physical therapists, occupational therapists, social workers, etc. participate in the basic core curriculum course. Specialized courses and clinical training are developed at Level II and III, and concentrate on refining knowledge and skills in a particular respiratory care modality.

The Institute received its initial funding from a one year contract with CRMP-Area V, the Los Angeles TB and Respiratory Disease Association, and Olive View Hospital in September, 1970. The first three months were spent in recruiting the program coordinator, clerical staff, and lecturers; designing the core curriculum for the 36-hour Level I basic course; and securing space and teaching equipment at Olive View Hospital for the courses.

The pilot 36-hour Level I course was given in December, 1970, drawing twenty-four participants from the Los Angeles County Department of Hospitals. The program has presented the Level I 36-hour course a total of six times to 174 participants, representing fifteen classifications of health personnel, as of July 1, 1971.

The program was originally housed at Olive View Hospital but had to be relocated following the devastating earthquake in February, 1971. The courses are now presented at Barlow Sanitarium, and the staff is housed at the Los Angeles TB Association office.

Two more Level I 36-hour courses will be given under the present one-year RMP contract. Plans are underway to initiate Level II courses with funds from course fees and a Los Angeles TB Association grant.

CONTINUITY OF CARE PLANNING

The Continuity of Patient Care group was originally formed as a subcommittee of the Cancer Planning Committee, to consider such areas as discharge planning, the roles of professionals involved, transportation, and rehabilitation. Since these problems are common to most, if not all, chronic diseases; the emphasis of the subcommittee has coincided with the broadening Regional Medical Programs focus on health services delivery and health manpower.

Mrs. Florence Reckow, committee chairman, defines the group's concept of continuity of care as being patient focused and involving planning for patient needs — by the patient, family, and professionals involved — from the time he starts having a medical problem through the time he is functioning at his optimum level, with the greatest degree of rehabilitation possible for him.

The subcommittee is now focusing on manpower problems as a starting point in improving continuity of care programs.

COOPERATIVE EFFORTS WITH THE
EAST LOS ANGELES HEALTH
TASK FORCE

During the past year, Area V support of the East Los Angeles Health Task Force has continued, but the form of support has changed as the Task Force program and activities have matured.

Most significant is funding of a contract between Health Services Research and Development (a branch of Health Services and Mental Health Administration) and the Task Force for development of an Experimental Health Services Delivery System in the East Los Angeles area. This is one of 12 such contracts in the country and the only one awarded to a community-based group.

The application for this contract was a joint effort by the staffs of Area V, the East Los Angeles Health Task Force, and the East Los Angeles Child and Youth Clinic. These groups met at Area V headquarters for several days to analyze, delegate, and assemble the required information. Many contracts for letters of agreement that the Task Force should serve as lead agency were obtained by Area V staff effort, extensive clerical help was provided, and Area V staff appeared at the site visit in support of our commitment to achieve success of the project. Interpretation of the contract obligations and other assistance to the Task Force and to the staff of the EHSD System project has continued. It is anticipated that many areas of specialty expertise may be called upon as the System develops, and as work on the related contract items (inclusive daily rate for hospitals, development of the pediatric nurse practitioner, and nurse midwife) come to active status.

Liaison with the Task Force is maintained by a staff member of Area V, who is active in programs aimed at bringing minority students into health careers, and in other projects which have been under the jurisdiction of the ELA Health Task Force. It is felt that with the Task Force moving so well, Area V's attention can now expand beyond East Los Angeles to include other Spanish surnamed persons in the many smaller, but equally underserved communities throughout Area V. A second staff member has been appointed to work in these areas.

PLANNING WITH COMMUNITY HEALTH GROUPS

One activity which Area V staff has performed with varying intensity throughout the past four years is planning with and assisting community health interested groups. The most obvious example is in East Los Angeles where various groups have been encouraged and assisted in their planning and implementation efforts to identify and document health needs, to inventory resources at hand and in the larger community, and to begin to bring the needs and resources together toward solution of mutually recognized problems. The Experimental Health Services Delivery System contract is a milestone in this process.

Another example is located in the Antelope Valley where we encouraged the

formation of a Health Planning Council, and where, in cooperation with Comprehensive Health Planning Association of Los Angeles County, Area V supported a facility-needs study based on projected population growth for the area. A group now meeting under the aegis of United Way and planning to focus on health needs of underserved communities in Antelope Valley, is receiving Area V encouragement to bring the necessary resources into discussion. Another group which has sought our assistance is the American Indian Free Clinic, discussed elsewhere in this report.

At this writing, there are several groups, some primarily community-based (Bell Gardens, Cudahy, West Hollywood, Southwest Health District, Pasadena-East San Gabriel Valley Health Council), some representing ethnic groups (Rio Hondo Health Task Force, Chinese Free Clinic) and some representing special needs (Free Clinics, Hollywood Youth Council, Joint Venture) which have asked us to help them in their problem identification activities and resource inventories. Each group has unique aspects as well as elements in common with other groups. All require a major commitment of staff time, and exploration as to which special services and skills of the staff will be most appropriate.

The goal of these efforts is to enable the community groups to build credibility, skill, and strength to deal with the problems at hand in the ways most appropriate for their needs. Methods may include counseling, consultation, assistance in the organization of meetings and in grant application, use of developmental component or operational project funding, initial start-up funding, referral to other agencies, etc. Area V has many small, under-served communities. Some will be able to work alone, others may need to group together in order to warrant application of resources in sufficient quantity and variety to meet a comprehensive array of needs. Area V efforts in assisting them to plan will increase as necessary to meet the demand.

PLANNING FOR EXTENDED CARE FACILITIES

Area V of California Regional Medical Programs, in cooperation with Areas IV and VIII, began meeting in 1968 with representatives of nursing homes, official and voluntary agencies to focus on problems related to the quality of care in nursing homes in the greater Los Angeles area. Through the efforts of this group, a three-day planning conference for nursing home administrators and directors of nurses was held in 1969, to determine the most pressing educational and training needs and to suggest feasible programs.

The Planning Committee implemented the recommendations of the Conference by developing five task forces to address the major program areas identified. Subsequently, a project application was submitted through Area IV, was funded for \$60,484 as of September 1, 1971, and a director has been appointed.

This project provides a coordinated, continuing education program for administrators, and the directors of nursing homes and extended care facilities with a goal of improving patient care. It involves the cooperative efforts of extended care facilities, related organizations, health care provider groups, public and private health, education, and welfare institutions and agencies in three Regional Medical Programs Areas — IV, V, and VIII. These three areas include 575 extended care facilities with a total of over 44,000 beds.

Currently, there are four committees acting to refine the curriculum for these programs, to select the teaching locations which will be most advantageous to the extended care facilities, guide the publicity campaign, and design the evaluation protocol for the project.

Three members of Area V staff have participated since the beginning of this planning effort and will continue to serve.

AREA V'S ROLE IN HEALTH SERVICE PLANS (HMO-TYPE ORGANIZATIONS)

Nationally, RMP has been requested to encourage the development of health care in a way which might begin to address problems of accessibility, costs and quality.

The administration's attention is directed toward health maintenance organizations. These are broadly defined as organizations which will provide a comprehensive range of health services to a defined population on a predetermined prepayment or "capitation" basis. Regional Medical Programs, along with several other organizations is charged with responsibility for encouraging and developing such organizations. Relatively small amounts of money are available as planning grants for groups interested in pursuing this sort of organizational undertaking.

The sort of plan envisioned is quite complex, and no standards or definitive guidelines have been produced. Legislation describing the governmental role in start-up funding has not passed Congress.

Whatever the legislative outcome, it is certain that some method of appraising the relative adequacy and capability of these plans will be needed, and little work toward an appraisal mechanism has been done.

In the spring of 1971, Area V staff members outlined a scheme to build a "profile" type of appraisal mechanism based on the preliminary definition above. This outline was praised by the June, 1971 Site Visit team, and Area V has been encouraged to pursue it to a more complete and workable state.

ANNUAL CONFERENCE ON THE PHYSICIAN AND THE HOSPITAL

This Conference is designed to help medical staff leaders, administrators, trustees, and others, toward a better understanding of the duties and responsibilities facing community hospitals in these times of increasing complex organizational, professional, community, financial and legal problems. It was presented first in April, 1970, again in January, 1971 with a Third Conference scheduled for February 2-6, 1972, in Palm Springs.

A special Steering Committee, with representation from the Los Angeles County Medical Association and USC School of Medicine guides, reviews and recommends as to conference program and format. The Conference has the official endorsement of the California Medical Association, and the California Hospital Association; cooperative publicity activities are maintained.

Over 400 hospital people, of whom about 70% were medical staff leaders, about 20% administrators, and 10% other occupations, attended the first two Conferences. An enrollment of about 275 is the target for the Third Annual Conference.

The Third Annual Conference will begin to focus on the role of the hospital in its community's health program, as well as on such subjects as new accreditation requirements, improvements in medical staff bylaws, economic pressures, youth needs, and ways to improve quality of care.

Area V has underwritten this Conference, but has not been called upon for dollar support, as tuition payments have covered all direct expenses for the Postgraduate Division, USC School of Medicine. Area V has contributed clerical support, and the Deputy Coordinator has served as Conference Coordinator.

SEARCH: A LINK TO SERVICES

As one of the largest metropolitan areas within the United States, Los Angeles County is in serious need of a comprehensive and efficient system for providing health information and referral services. In an effort to alleviate this situation, SEARCH: A Link to Services, (formerly called CHAIRS), at the University of Southern California School of Medicine, has been developing a computerized information and referral system. Assisted by Area V since its developmental phase, and funded by a grant from the US Public Health Service, the SEARCH system is designed to match persons seeking medical and/or social assistance with individuals or agencies providing such services.

In order to establish the comprehensive SEARCH service, the project will determine, computerize, and provide answers to four basic questions: *Who* provides medical and/or related services in Los Angeles? *Where* are the services located? *What* services are provided and *Under What Conditions* are these services provided? With the help of numerous voluntary and official agencies, and utilizing over two hundred source documents, the project has answered the first two questions and has a bibliography of health service resources in Los Angeles County in the computerized data bank. While the bibliography will be continuously updated, the major efforts of the project are now focused on answering the last two questions. Once this is accomplished, the SEARCH system, through the use of the computer and continuous updating, will be able to provide a faster response to inquiries with greater accuracy and a more comprehensive coverage of services than is now possible.

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