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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

BUREAU OF HEALTH RESOURCES DEVELOPMENT

November 26, 1974

James R. Klinenberg, M.D.
Director, Department of Medicine
Cedars of Lebanon Hospital Division
Box 54265
Los Angeles, California 90054

Dear Dr. Klinenberg:

The California Regional Medical Program (CRMP) has invited us to respond to the concerns you expressed to them regarding the recommendation for disapproval of the pilot arthritis grant application submitted by Cedars-Sinai Medical Center. We share in some degree your disappointment in the Review Committee's, and Advisory Council's recommendations for disapproval on this, and others' applications. Even though we have no choice but to implement the recommendations for the Cedars-Sinai application, we assure you that both we and the review bodies are keenly aware of the broad needs prevailing across the country in the arthritic field.

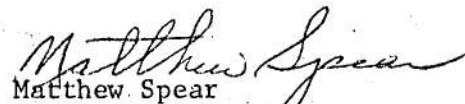
Response to your questions raised with the CRMP requires that we attempt to accurately reflect the assessments of the reviewers, recognizing that these are evaluative and judgemental expressions of a diversified group working within severe fiscal restraints. The underlying reasons for the recommendation for disapproval of the Cedars-Sinai pilot arthritis grant application were the relatively long period committed to data collection and planning, and the absence of specific outreach measures. While the accumulation and analysis of disease related information in the process of developing a comprehensive program is normally desirable, the one-year life of these grants militated against the allocation of limited funds for solely analytical and planning purposes. To the best of our recollection, no application of this kind was recommended for approval.

Given the aggregate scope of the applications in comparison with the amount and term of available grant funds, reviewers expressed preference for feasibility and demonstration proposals which improved service capabilities within the grant period. Plans to develop morbidity, prevalence, and resource data in relatively small areas were generally discounted. Reviewers considered State health agencies as more appropriate sources for the development of such information, preferably on a wider scale. There was concern that data presently available in State offices, RMP's, and other agencies was being overlooked.

The procedures, positions, and recommendations of the Review Committee were brought before, and were ratified by the National Advisory Council, whose recommendation for approval is requisite to grant approval. While the Cedars-Sinai proposal thus was not recommended for approval under the conditions of the RMP pilot arthritis initiative, we consider it promising under other circumstances. There is legislation pending in the field of arthritis which, if enacted, would support broader and longer term arthritis efforts. For this reason, we urge that you do not permit this disappointment to dissuade you from further development of your arthritis program plans.

We trust that this information will adequately resolve your concerns. We will be pleased to provide such further information as we can if you have further questions.

Yours truly,


Matthew Spear
Public Health Advisor
Division of Regional Medical Programs

cc: Ephraim Engleman, M.D.
Gerald Gardell, DRMP
Paul Ward, CRMP