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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Statement by Director
Division of Regional Medical Programs
Public Health Service

on
Regional Medical Programs

Mr. Chairman and Members of the Committee:

It is my privilege to appear before you again on behalf of the Regional Medical Programs for Heart Disease, Cancer, and Stroke which were authorized by Public Law 89-239. On November 9, 1967, the President sent to the Congress the Surgeon General's Report on Regional Medical Programs transmitted to the President by the Secretary of Health, Education, and Welfare as required by the Law. In that Report the goal of Regional Medical Programs is stated as follows: "The ultimate objective of Regional Medical Programs is clear and unequivocal. The focus is on the patient. The object is to influence the present arrangements for health services in a manner that will permit the best in modern medical care for heart disease, cancer, stroke, and related diseases to be available to all."

Progress to Date

The Report describes in some detail the substantial and impressive beginning which had already been made in achieving that goal up to June 1967, its date of publication. In bringing those facts up to date we are pleased to report that 54 Regional Medical Programs have been organized, covering all areas and representing all the people of the Nation, including Puerto Rico. Each of these Programs represents a cooperative effort among the health resources of the Region they themselves have organized. In each the purpose has been to develop and implement a program of action that will contribute to and capitalize on new medical knowledge and techniques, undertake needed research, create new diagnostic and treatment capabilities, and evolve a

more effective organization of health resources that will improve their system for delivering to all the people of their Region the full benefits of currently available knowledge and medical skills. Eight of the 54 Regional Medical Programs are actually carrying out operational activities which involve the care and treatment of people in their Region. From all indications, we expect that virtually all of the 54 Regions will be engaged in these types of operational activities by the end of fiscal year 1969.

Operational Programs

Activities already underway in the operational Programs which will improve diagnosis and care of those afflicted with these diseases are described in the Surgeon General's Report. Many more innovative activities and projects were described at the recent January Conference-Workshop on Regional Medical Programs which brought together more than 700 persons directly involved in the 54 Regional Medical Programs. They were able to exchange ideas and results not only on specific improvements in diagnosis, treatment, and professional education, but on ways to improve the cooperative organization of health resources in order to apply those resources to the needs of people. In summing up the two-day Conference-Workshop, Dr. Lowell T. Coggeshall, Vice President Emeritus of the University of Chicago, noted that he had found "substance" in the Programs. "In medical science and practice--health care--the ultimate substance is advancement of knowledge or method that makes some worthwhile difference in the lives of people," he said in describing "substance."

The Challenge

The substantial activities covered in the Report to the President and the Congress, documented further at the Conference-Workshop, and being demonstrated in the Regions, are only the beginning of this important Program.

As the foundation for action has been established, the extent of the challenge has also emerged more clearly. Since this program began only some two years ago, the threats of death and disability from heart disease, cancer, and stroke have remained strong and resistant to human skill and inventiveness. In these two years it has also become more apparent that the solution of these and other major health problems will require significant improvements in the organization and delivery of health services. Therefore, the great promise of Regional Medical Programs for the coming years lies in their demonstrating how medical capabilities can be more effectively organized to help solve these problems through new patterns of collaboration of all available health resources.

Regional Cooperative Arrangements

It is clear that a regional cooperative arrangement among the full array of the available health resources is a necessary step in bringing the benefits of scientific advances in medicine to people wherever they live in a region. Because it provides a system of working relationships among health personnel in the institutions and organizations in which they work, such an arrangement enables patients to benefit from the inevitable specialization and division of labor which accompany the expansion of medical knowledge. What is required to achieve this is a commitment of individual and institutional resources which must be worked out by each Regional Medical Program. When achieved, this approach provides a means for sharing limited health manpower and facilities to maximize the quality and quantity of care and service available to the Region's population, and to do so as economically as possible.

Regional Medical Programs now have engaged the services of nearly 2,000 full-time or part-time staff; also involved are more than 1,900 members of Regional Advisory Groups composed of voluntary representatives of a cross-section

of medical leaders and informed laymen; and all of the medical schools, many hospitals, voluntary and public health organizations, and most organizations of health professionals. In addition, approximately 1,200 people are serving on special task forces and subcommittees. To capitalize on these commitments that individuals and institutions have already made to the development of their own Regional Medical Programs, and to realize the promise of the planning activities they represent in all parts of the Nation, the President has recommended that the authorizing legislation be extended for a period of five years. Sufficient funds must also be provided to enable the translation of involvement into service, ideas into action, and cooperative planning into collaborative operation.

Conclusion

The appropriation request for the Division of Regional Medical Programs totals \$68,922,000, which, when combined with \$30,900,000 for grants carried forward from 1968, provides a total of \$99,822,000 for 1969 obligations, or an increase of \$46,036,000 over the 1968 operating level. The request includes \$62,900,000 for regional medical program grants, \$3,314,000 for professional and technical assistance, \$905,000 for review and approval of grants, and \$1,803,000 for program direction.

I shall be happy to answer any questions.