



February 21, 1968

Delaware Valley Region (Philadelphia) (Mr. Daniel Flood -- Wilkes Barre)

A Regional Medical Program planning grant was awarded to the Greater Delaware Valley Region on April 7, 1967 in the amount of \$1,531,494. The University City Science Center is the coordinating agency for the Region.

The principal planning activities are (1) the organization of planning capability, (2) the collection and analysis of data on the disease problems, health manpower, educational programs, communication patterns and current capabilities and needs for related services and facilities for the delivery of medical care. Special attention will be focused on continuing education of physicians and auxiliary medical personnel, the basic education of auxiliary medical personnel, health education of the public and the testing of newer communication techniques.

Progress has been slow to date; however, it is anticipated that there will be some improvement in regional activities with the expected appointment of a new Program Coordinator. The expected appointment of a new coordinator is not public knowledge in the region, however, Congressman Flood has been informed of this through discussions with Dr. Robert Bucher, Dean of the Temple University Medical School. It is to be noted that Dr. Bucher has maintained an effective liaison with Mr. Flood regarding the activities of the Greater Delaware Valley Region.

An active area planning committee (one of ten in the Region) of over 50 members exists in the Wilkes Barre-Scranton area with an elected Executive Committee headed by Dr. David Kistler. This committee is currently developing projects for submission to the Regional Advisory Group.

Wisconsin (Mr. Melvin Laird -- Marshfield)

On September 1, 1967, the Wisconsin Regional Medical Program began its second year of activities with a combined planning and operational award which currently amounts to \$630,149. The Coordinating Headquarters is the Wisconsin Regional Medical Program, Inc., a newly incorporated agency formed through the cooperative efforts of the University of Wisconsin Medical School, Marquette University and other private and public health agencies. The Program Coordinator is Dr. John Hirshboeck, formerly Vice President of the School of Medicine, Marquette University.

A 41-member Advisory Committee has met often during the past year and a half and approved the operational grant application request. Members of the Committee from the Marshfield area include: Leo A. Miller, T. A. Duckworth of Employers Insurance Co. of Wausau, and Dr. Russell Lewis, President of Marshfield Clinic.

One of the approaches to planning includes the utilization of a system analysis capability spearheaded by Dr. Gerald Nadler, an industrial engineer at the University of Wisconsin, who is Chairman of the Planning Committee.

Operational projects and feasibility now underway include:

Patient Care related Activities: A Pilot Demonstration Program for Pulmonary Thromboembolism. A center is being established at Marshfield Hospital in Marshfield, Wisconsin (central Wisconsin) for demonstrating diagnosis techniques and the available therapy for pulmonary thromboembolism. A continuing education-component was recently added to this project.

Study Program For Uterine Cancer Therapy and Evaluation. A network of hospitals in Madison and Milwaukee will co-operate in treating intra-uterine cancer. Review and evaluation of current radiotherapy will permit information exchange and dosimetry standardization.

Education and Training Related Activities:

Telephone Dial Access Tape Recording Library in the Areas of Heart Disease, Cancer, Stroke and Related Diseases. The University of Wisconsin will record and store tapes on various subjects suggested by physicians and the Advisory Group. Practitioners requiring information can dial the library (toll-free) and request to listen to a tape.

Nursing Telephone Dial Access Tape Recording Library in the Areas of Heart Disease, Cancer, Stroke, and Related Diseases. The arrangement of this project will be similar to the one above, except that the tapes will be on: (1) Nursing care in emergencies; (2) New Procedures and equipment; (3) Recent developments in nursing

Development of Medical and Health Related Single Concept Film Program in Community Hospitals. Fifteen films about procedures and techniques in treating heart disease, cancer, and stroke will be distributed to 10 hospitals, along with automatic projectors.

Iowa (Mr. Neal Smith, Altoona, Iowa, 5th District)

A planning grant of \$291,348 was awarded for the first year to the Iowa Regional Medical Program on November 30, 1966. The second year grant is for \$290,591. The coordinating agency is the University of Iowa at Iowa City and the Program Coordinator is Willard A. Krehl, M.D.

Advisory Group members from Des Moines include Addison W. Brown, M.D. of the American Cancer Society; Arthur P. Long, M.D., Commissioner of Health; Ralph J. Quackenbush, Iowa State Department of Social Welfare; William de Gravelles, Jr., M.D., Yonker Memorial Rehabilitation Center; and from Ames, Iowa is George J. Hegstram, M.D. representing the Iowa Society of Internal Medicine.

The Iowa RMP is divided into two major sections, the central staff and the economics department. The central staff includes Divisions of Biostatistics, Epidemiology, Professional and Public Information, Field Program Plans and Development, and Operational Services. Committees in Heart, Cancer, and Stroke have been appointed and are functioning actively. The program has been working with the Governor's Office of Planning and Evaluation and has arrived at 16 subregional areas centered around various Iowa cities. Future planning will proceed with this as a basis.

The Economics Section reflects the involvement of the University of Iowa Department of Economics in the RMP. A large number of studies of medical care in the region are in process and they are designed to develop allocative criteria for medical resources and to develop mechanisms that permit the evaluation of effectiveness of various medical programs.

The Iowa RMP has been active in discussions of possible interregional efforts. The possibility of a "Great Plans Grouping" of RMP's has been considered as a logical grouping and in this regard meetings have been held with representatives of the Wisconsin, Michigan, Illinois and Minnesota Programs.

First year planning has led to an operational grant which was submitted to the Division during the first week of March and is not entering the dual review system. The request totals \$953,422 and includes 8 projects: (1) Stroke Center Proposal, (2) Comprehensive Stroke Management, (3) Cardiopulmonary Resuscitation Program, (4) Intensive Coronary Care Training Program, (5) Tumor Registry Expansion, (6) Out-of-Hospital Service Program, (7) Telemetered ECG Program and (8) Mobile Intensive Coronary Care Program.

Missouri (Mr. R. Hull, Jr. - Weston)

The Missouri RMP entered its second year of planning on July 1, 1967, with the award of \$324,254. An operational grant was awarded to Missouri on April 1, 1967, and operational funding now totals \$2,887,903. An operational supplement is now under review totalling \$396,650. The Program Coordinator is Dr. Vern Wilson and the Program Director is Dr. George Wakerlin.

The University of Missouri at Columbia is the Coordinating Headquarters and a 12-man Advisory Council is helping to guide program development. Dr. Otis Carr, an osteopathist from Marceline, Missouri (Linn County) is one of the members. The chairman is Mr. Nathan J. Stark, a Vice President of Hallmark Cards. Also on the Council is Senator Richard M. Webster from Carthage, Missouri. Subcommittees include a Scientific Review Committee composed of technical experts who review project proposals and a Liaison Committee composed of representatives of relevant public and private health organizations who focus on the relationship of the RMP to other programs.

The planning activities focus on determining (1) needs for additional training of existing health personnel and for new health personnel, (2) available and potential training and research capacity, (3) unmet health care needs in the Kansas City metropolitan area and coordinating efforts with other interested health agencies throughout the State.

The operational proposals from the Missouri Region include over 25 related projects. One major focus is in the Smithville area in Platte County. In cooperation with the local physicians, a prototype is being developed to test ways to provide health services that reflect excellence and completeness. Preventive care, emergency care, patient referral when needed, rehabilitation and home care are some of the sequences of service to be provided and coordinated. Special research projects to improve early detection of heart, cancer, and stroke as well as research to improve the way families react during illness will be plugged into the master program. Through the use of telephone and later by closed circuit television it will be possible to obtain and maintain instant consultation with specialists at the Medical Center in Columbia.

Other operational activities include automated EKG services to rural areas, testing the development and utilization of an automated hospital patient records system and a program evaluation center to help gather and analyze community health data and identify unmet needs and opportunities to meet these needs.

Ohio Valley (Mr. William H. Natcher -- Bowling Green)

On January 1, 1968, the Ohio Valley RMP began its second year of planning with the award of \$346,797, (net new money \$127,946). First year funding had amounted to \$346,760.

While the progress to date has not been optimum, the problems in acquiring involvement in a region as large as this without the benefit of a political mandate are very great. The Regional Medical Program has, it seems, traveled the only boulevard that it can traverse at this time, i.e., the instillment of a sense of "polis" or community in the region. The Ohio Valley program is administered by an unincorporated private association known as the Ohio Valley Regional Medical Program. The original sponsors of the pre-planning activities in the Region were the University of Cincinnati College of Medicine, the University of Kentucky Medical Center and the University of Louisville School of Medicine. The bulk of the planning capabilities lie or will lay in auxiliary advisory bodies of which there are three types: A. Standing Committees: (1) Committee on Medical Practice; (2) Committee on Community Hospitals; (3) Committee on Voluntary Health Organizations; B. Reference Panels not yet constructed but will be used as a review point in the operational phase; C. Task Forces, the more generalized planning function originally envisioned as part of the panel activities will be assumed by the Task Forces which are not, at present, in operation. The intended areas are Library Services and Hospital Service Areas. The grantee agency is the University of Kentucky Research Foundation.

Policy determination rests with the Executive Board of the Ohio Valley Regional Medical Program which consists of a representative from each of the three sponsoring universities and the chairman and vice-chairman of the Regional Advisory Group. Obtaining adequate staff has been a major problem to date.

The Ohio Valley Regional Advisory Group is composed of 35 members. "The nature of its involvement has been such as to give it a strong position in advising the Program on the establishment of Program goals." Due to the lead time concerning the RMP staffing, the RAG has also been called upon to secure new participants in the regional program. Its members have shown great interest in fully acquainting themselves with the different parts of the region.

Since this region is made up of parts of four states, it has been extremely difficult to use available data. Much of the basic data work that the "state as a region" RMP's take for granted is not applicable to the Ohio Valley program. As a result, the Ohio Valley Regional Medical Program in its first year of planning has concentrated on acquiring the kind of data base that is a prerequisite to the expansion of the program.

Planning Studies - Current on-going studies include: (1) Definition of program goals; (2) Projection of demand and supply of physician services by various subregions within the Ohio Valley Regional Medical Program; (3) Manpower inventory of allied health personnel; (4) Collection and collation of demographic data for past ten years; (5) Collection of basic professional manpower and hospital data--distribution of health resources.

Ohio Valley (Mr. William H. Natcher -- Bowling Green) (Continued)

The Ohio Valley Regional Medical Program planning framework is interesting in that it is structured around activity components such as interrelated programs in education and stroke rehabilitation. This program is centered around the community hospitals but cannot be considered as a form of subregionalization because participation in the activity components is not universal. The theory behind this framework is that each activity component represents a critical mass of activity upon which each participating institution can expand into areas such as continuing education and coronary care units. The activity components include continuing professional education, library extension services, prevention-detection programs, coronary control networks, and a stroke rehabilitation program.

Texas (Mr. Robert Casey - Houston)

On July 1, 1967 the Texas RMP began its second year of planning with an award of \$1,260,181 (net new money was \$396,181). First year funding for planning has been \$1,271,013). An operational grant request is expected to be submitted before the end of FY 1968. The Coordinating Headquarters is the University of Texas and the Program Coordinator is Dr. Charles LeMaistre, Vice Chancellor for Health Affairs of the University. The Deputy Coordinator is Dr. Spencer Thompson. A 32-member Regional Advisory Group includes eleven people from the Houston Area.

The Texas Region is divided into three subdivisions. The North Texas subdivision is headquartered in Dallas; the West Texas subdivision in San Antonio; and the Gulf Coast subdivision in Galveston. Each subdivision has appointed a Liaison Advisory Committee. The Gulf Coast Committee has 25 members who represent the key officials of the major health and medical organizations of the area, as well as prominent members of the public, such as Mr. A. G. McNeese, Jr., Chairman of the Board of the Bank of the Southwest.

The Gulf Coast program has available to it approximately \$851,996 for second year planning. This includes approximately \$374,337 made available to M.D. Anderson for regional planning; \$269,850 made available to Baylor; \$35,092 for the Graduate School and \$64,442 for the Dental School.

The principal focus of the planning effort is the conduct of planning studies and the strengthening of communications and interrelationships among health agencies within the region. The University of Texas Medical Branch and Baylor are planning programs for training allied health personnel. The M.D. Anderson Hospital is surveying resources for cancer diagnosis and treatment. The Medical Branch and Graduate School are planning further continuing education activities including a closed circuit television network between Galveston and Houston. Baylor University College of Medicine is evaluating needs and facilities relating to heart disease, cancer and stroke, particularly in Harris County.

Tentative plans for the development of an operational program in the Gulf Coast subdivision include: (1) the establishment of a Regional Training Program in Cardiovascular Diseases; (2) clinical and research assistant programs; (3) continuing education, (4) multiphasic screening pilot project and (5) other training projects. Also being considered is a joint program with an OEO neighborhood Health Center.

A first year planning grant was awarded to the Illinois RMP on July 1, 1967, totalling \$336,366. Dr. Wright Adams was subsequently recruited as Program Coordinator. The Coordinating Headquarters is located in a newly created organization, the Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois, and the University of Chicago is acting as the grantee.

A 26-member Advisory Committee formed by Governor Kerner includes representatives from all the medical schools, teaching hospitals, the medical society, health department, voluntary agencies and other key health agencies, as well as members of the public. Dr. Charles D. Branch, surgeon, is from the Peoria area.

The Region is organized around the Regional Advisory Group and the Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois and operates through the Executive Committees of both groups. Dr. Adams is presently seeking to fill staff positions at the Assistant Executive Director level in the areas of Demography, Economics and Health Manpower; the Coordinating Committee; and Education. It is anticipated that regional activities will be supervised and reviewed through a series of Task Forces-- (1) Task Force on Demography and Medical Economic Factors of the Region; (2) Task Force on Medical and Allied Health Professions Manpower; (3) Task Force on Continuing Education; (4) Task Force on Education; (5) Task Force on Research; and (6) Task Force on Evaluation Mechanisms.

From the outset, the Region realized that the delineation of the boundaries of the "operational regions" might entail the development of subregions which would be based upon population centers in which medical and allied educational institutions would develop and expand and where a natural medical trade area could be identified. The Illinois RMP is now trying to further delineate the scope of their Region through data studies and other planning activities.

While still in the recruitment phase of establishing a Regional Medical Program, Illinois has done some preliminary work on setting planning objectives. Importantly, each of the following objectives is tied to the activities of one or more of the Task Forces previously mentioned. To develop demographic, medical-economic and sociological studies by which valid information will be gathered on population movements, prevailing patterns of delivery of health services and gaps in the availability of care in certain areas. To refine and expand the current efforts in continuing education for all medical manpower. To achieve, through voluntary means, inter-institutional relationships which are meaningful and productive in the areas of patient care demonstrations, education and clinical research. To improve both the mechanism and the availability of reliable screening mechanisms for these and other diseases. To intensify efforts to refine and implement preventive practices. To provide the framework in which the individual practitioner can have access to the support which will bring to bear on his professional activities the best in knowledge, patient care practices and techniques. To make use of already existing programs being performed under the auspices of the Illinois Department of Public Health and other official agencies.

Kansas (Mr. Garner E. Shriver, Wichita, Kansas--4th District)

On July 1, 1967, the Kansas Regional Medical Program began its second year of planning activities with an award which currently amounts to \$281,627 (net \$108,332).

On June 1, 1967, the program was awarded an operational grant which currently amounts to \$699,852. A supplemental application for \$446,671 is now under review. A second supplemental application for \$1,531,725 is now entering the review process.

The 22-member advisory Committee includes two members from Wichita: Roy C. House, Administrator, Wesley Hospital and Medical Center, Wichita, Kansas; William J. Reals, M.D., Practicing Physician, Wichita, Kansas. This Committee has expanded considerably in the past year, has met frequently, and has made many major decisions regarding operational applications and program development.

Planning activities in certain areas have led to operational projects. Feasibility studies are being carried out to evaluate coronary care units in Kansas City, to determine the needs of occupational and physical therapists for continuing education, and to determine the usefulness of a data bank containing data pooled from a variety of agencies.

The first operational grant included support for several projects: educational programs in the Great Bend area; health sciences communication and information center; research and evaluation; hospital information system and data facilities; cardiovascular nurse training; regional health education; cancer detection program at Providence Hospital; and cardiovascular work evaluation. The cardiovascular work evaluation program will be carried out in a private community hospital in Wichita under the direction of Dr. Ernest Crow.

The first operational supplement now pending approval includes five projects: continuing education for cardiac care; Metropolitan Kansas City Nurse Retraining Program; a health data bank; self instructional centers; and training program for detection of cancer of the gastrointestinal tract. The continuing education for cardiac care program will involve St. Francis Hospital, St. Joseph Hospital and Wesley Medical Center in Wichita.

In the second operational supplement which is entering the review process, funds are requested for a number of projects including: support of RMP core staff including a new RMP office in Wichita; a stroke project in the St. Joseph Hospital and Rehabilitation Center in Wichita; a physical therapy workshop; a cancer chemotherapy seminar.

It is anticipated by the Kansas Regional Medical Program that additional supplemental operational grant requests will be submitted on a quarterly basis as long as support is available for this program.