



E000616

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Statement by the Director, Regional Medical Programs Service

on

"Regional Medical Programs"

Mr. Chairman and members of the Committee, I welcome this opportunity to appear before you on behalf of the Regional Medical Programs Service.

To effectively meet the responsibilities of Health Services and Mental Health Administration in improving the delivery of health services to the American public, there has been a longstanding need for coordination of the efforts of providers to the end of improved economy, efficiencies and modernization of effort. Regional Medical Programs Service, in combination with Comprehensive Health Planning and the National Center for Health Services, Research and Development, has increasingly been fulfilling that role with a designed sensitivity to the needs and strength of the present system of care. Its efforts have been expressed through continuing education, improved design for intensive care, improved access to care by patients and general coordination of information exchange among providers of care. The individual consumer of health care services may expect, as a result of these efforts and those of Comprehensive Health Planning at State and area levels, to have a steadily increasing opportunity to receive care of desirable quality. In addition to its special focus on major disease categories, the Regional Medical Programs Service administers the Public Health Service's National Clearinghouse for Smoking and Health.

Concept of Regional Medical Programs

The initial concept of Regional Medical Programs was to provide a vehicle by which scientific knowledge could be more readily transferred to the providers of health services and, by so doing, improve the quality of the health care provided. We believe, however, this to be but the beginning of the responsibilities and potentialities of the Regional Medical Programs Service.

The premise upon which the Regional Medical Programs Service is based is that the providers of care in the private sector, given the opportunities, have both the innate capacity and the will to provide quality care to all Americans. Accepting this assumption, the issue has become one of how best to develop and promote these opportunities. We are pleased to report steady progress with accelerating rates of good achievements.

What are our funds being spent for generally and what is the community setting in which the Regional Medical Programs Service conducts its programs? Mr. Chairman, I am pleased to report that of the funds supporting the current 600 operational projects, over one-third (38 percent) are for patient care demonstration projects concerned with coronary and other intensive care activities, expansion and improvement of ambulatory care in neighborhood health centers, clinics and out-patient departments, and the expansion and improvement in extended and home care activities benefiting 240,000 patients. An additional 45 percent is used to support activities in the broad area

of manpower training and utilization which will lead to improved care and expanded services. The training projects include the training of nurses and other existing health personnel, including physicians, in new skills as well as upgrading existing skills. Our manpower training and utilization programs involve all of the various kinds of health resources within communities--hospitals, clinics, neighborhood health centers, specialized facilities and medical school health complexes, but indeed are not limited in any way to the latter. Finally, approximately 17 percent of our funds support projects concerned with coordinating the activities of community institutions in order to develop means of improving access to and the quality of available health services.

One way of describing the impact of Regional Medical Programs upon our present health delivery system is to state that this year an estimated 30,000 physicians, or ten percent of all practicing physicians in the country, will be involved in Regional Medical Program-supported training activities. In terms of hospitals affected by Regional Medical Programs, it is estimated that 1,470 hospitals presently participate in or benefit from Regional Medical Programs. This represents 25 percent of all short-term, nonfederal hospitals. Of the 1,470 hospitals mentioned, 860 are the primary sponsors or sites of the Regional Medical Program activity.

To sharpen the focus of what happens when physicians, hospitals, and other community health care providers, with the assistance of the local Regional Medical Program, begin to translate into real life situations their willingness to improve both the quality and the access

to the care rendered to their patients and communities, I will cite briefly but two examples chosen from scores of similar reports:

1. In the Fields Corner section of Dorchester, a poor area of Boston near Roxbury, there now exists a new neighborhood health clinic. With the help of modest funds from the Tri-State Regional Medical Program, and with extensive Regional Medical Program core staff guidance, supplemented by assistance from the Permanent Charities Funds of Boston and the City Department of Health and Hospitals, the necessary organizational planning for the clinic became feasible. The clinic now has its doors open and is providing health preventive and health care services.
2. Approximately 750,000 people in a 15 county area in western North Carolina now have available to them, in their communities, coordinated programs for comprehensive and continued care of stroke patients. The overall program embraces 18 hospitals and seven nursing homes and recently was cited as one that might serve as a national model. Regional Medical Program funds were the catalyst which brought to bear the resources of the North Carolina Heart Association, the State's three medical schools and the State Board of Health on this serious health problem.

Relationships With Other Health Programs

Mr. Chairman, the Regional Medical Programs Service cannot and does not exist in isolation. It is closely linked with other Health Services

and Mental Health Administration and Department of Health, Education, and Welfare programs. Indeed, experience is teaching us that Regional Medical Programs can best help to improve the overall effectiveness of the health care delivery system by working with and contributing to related Federal and other efforts at the local, State and regional levels. Increasingly, the Regional Medical Programs, with its strong provider links, is being viewed and used as an important technical, professional and data resource by State and areawide Comprehensive Health Planning agencies in their planning for personal health services. In turn, Regional Medical Programs are looking to Comprehensive Health Planning agencies to express the health needs of the total community from the consumer's point of view and to set priorities for the Regional Medical Programs Service efforts.

Together, Comprehensive Health Planning and the Regional Medical Programs Service provide an effective organizational framework for identifying and utilizing community health resources which makes it possible this year to institute further innovations in health care planning and delivery systems. Communities and the health care providers within them will be encouraged to establish carefully planned systems to furnish comprehensive care to an identified population. The success of this approach will exploit the strengths of Regional Medical Programs to convene the key provider and consumer groups needed for planning and implementation of these critically important activities. In concert with the evaluation efforts available from the National Center for Health Services, Research and Development and with the Partnership for Health program, we truly believe that the Regional Medical Programs have the potential to meet even the most optimistic of expectations.

National Clearinghouse for Smoking and Health

Smoking-related diseases are such important causes of disability and premature deaths in this country that the control of cigarette smoking could do more to improve health and prolong life than any other single action in the whole field of preventive medicine. The Regional Medical Programs Service administers the National Clearinghouse for Smoking and Health which has the responsibility for developing and carrying out a national program of information, education and research into smoking control. With the help of the specific legislative actions taken by the Congress, this program has resulted in a substantial reduction in cigarette smoking by adults from 49,000,000 in 1966 to 44,500,000 in 1970 despite the growth of the population. Continued reductions afford the prospect of reducing the total level of medical care needs which now tax our resources.

I will be happy to answer any questions you and the Committee may have.