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UNITED STATES GOVERNMENT

# Memorandum

TO : Jack Masur, M. D., Chairman  
Task Force on Administrative Placement  
Heart Disease, Cancer and Stroke Program

DATE: February 19, 1965

FROM : Chief, Division of Hospital and Medical Facilities, BSS(CH)

SUBJECT: Information for Task Force Consideration

There is respectfully submitted herewith the thinking of several members of this Division who are conversant with both the educational responsibilities of medical schools and the need for facilities essential to good medical care.

It seems reasonable to us that in achieving some of the goals of the President's Commission on Heart Disease, Cancer, and Stroke, that the "Regional Medical Complexes" will have as their primary focus either a medical school or a free-standing hospital that has demonstrated a substantial commitment to graduate education. We believe that this latter number lies somewhere between 50 and 100 hospitals (depending upon the criteria used).

Modification of the natural history of heart disease, stroke, and cancer in the United States depends upon this Nation's ability to identify those individuals who have or are developing remedial conditions. Identification of the individual with a remedial condition depends upon the availability of diagnostic services. This country must evolve a plan which will make these diagnostic services available to those population groups known by our epidemiological studies as high risk groups. Distribution of these facilities must be such that travel will only be necessary for the relatively few people needing the more elaborate diagnostic procedures.

There was repeated reference in the report of the Commission and there was also mentioned by Dr. Dempsey in his testimony, that the primary purpose of the program would be to close the gap between what is known and the services that are available.

As a means of promoting the establishment and operation of regional medical complexes in areas of greatest need and of the highest potential return, certain basic information, data, and analyses as described below are essential:

1. The extent to which needed health services, programs and manpower are available within a particular area or region.



2. The extent to which additional services, programs and manpower should be provided within such areas or regions to round out the medical complex.
3. Information must be available as to the potential of the region for developing additional services and manpower.
4. Determinations must be made as to the feasibility of securing the needed kinds of health services and manpower and the feasibility of coordinating such activities within the regional complex to the end that the program will be properly managed.

In order to accomplish these objectives, the Public Health Service should make maximum utilization of its own competencies as well as those which have been developed in State agencies, local planning groups and medical schools. Specifically, the organizational location of the program should take into account the availability of the following competencies:

1. Federal Government involvement in Planning Design and coordination of Health Services

During the operation of the Hill-Burton program, competencies have been developed in the area of planning health services and facilities, developing and applying methodologies which are effective in attaining maximum coordination among the various kinds of facilities, and designing facilities which are tailored to health services and programs.

Also, through the administration of the Health Professions Educational Assistance program, competencies have been developed in the field of medical education, medical teaching programs and the design and functional layout of facilities which lend themselves to efficient operation. Although they have not been mentioned here, the medical, dental, nurse and research manpower competencies of the several components of the Service are of real significance in the resolution of this problem.

Since the beginning of the Hill-Burton program, we have advocated the planning and construction of regional medical complexes which involve close operational and organizational coordination among medical schools, teaching hospitals, community hospitals, nursing homes, local health units, and other facilities responsible for providing health services. This advocacy has met with only varying degrees of success.

## 2. State Agencies Responsible for Administering the Hill-Burton Program

State agencies responsible for administering the Hill-Burton program have over the last 18 years acquired considerable sophistication in the planning and coordination of health services and the location and design of health facilities essential to the provision of such services. The increased prestige which has accrued to these State agency officials as a result of their operation of the Hill-Burton program has clearly identified them as the focal point for planning and coordination of health services and facilities within the State. The prestige and stature of these agencies in the health services and facility field should be of distinct advantage to and should be used to the maximum extent by the Service in the planning, operation and management of the new program.

## 3. Areawide Planning Councils

For the last five years, this Division has through its research and demonstration program stimulated the development of many areawide planning councils, which have as their primary focus and purpose the planning of health facilities within a given region or area and the coordination of such services and facilities. During the last session of Congress, specific support for areawide planning agencies was authorized which gives greater impetus to this effort. For fiscal year 1965, \$2.5 million was appropriated and \$5 million was requested for 1966. Forty-five areawide planning agencies are already in existence and applications have been received from 21 additional ones. We anticipate receiving applications from approximately 30 other communities. In our judgment and in the judgment of authorities in the hospital field, the activation of areawide planning agencies in communities having a substantial health facilities and services problem is the answer to better coordination of existing services and better control over the location of additional services and facilities. The fact that these areawide planning agencies operate through the power structure of the community and coordination activities with the Hill-Burton State administering agency gives added weight and persuasiveness to their findings and conclusions. Moreover, these agencies are in the best position to make studies of health manpower needs essential to the facilities and population in the area. For example, the Hospital Review and Planning Council of Southern New York is now conducting a study for the need of diploma schools of nursing. This same approach has been used with reference to medical personnel and to physician themselves.

#### 4. Research and Demonstration Program

For the last seven or eight years this Division has operated a research and demonstration program which has as its legislative mandate the approval of projects for research, experiments, and demonstrations relating to the effective development and utilization of health services and resources. Innumerable projects have been completed and are underway under the funds provision of this program which are designed to (a) improve hospital organization and patterns of service, (b) insure better utilization of existing health facilities, (c) improve the coordination of health facilities and services within a particular area or region, and (d) make other improvements designed to close the gap between the rapid advances made in medical research and practice of medicine and the provision of health services.