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P R O F I L E

FLORIDA REGIONAL MEDICAL PROGRAM

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FLORIDA REGIONAL MEDICAL PROGRAM

PROFILE

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I. GEOGRAPHY

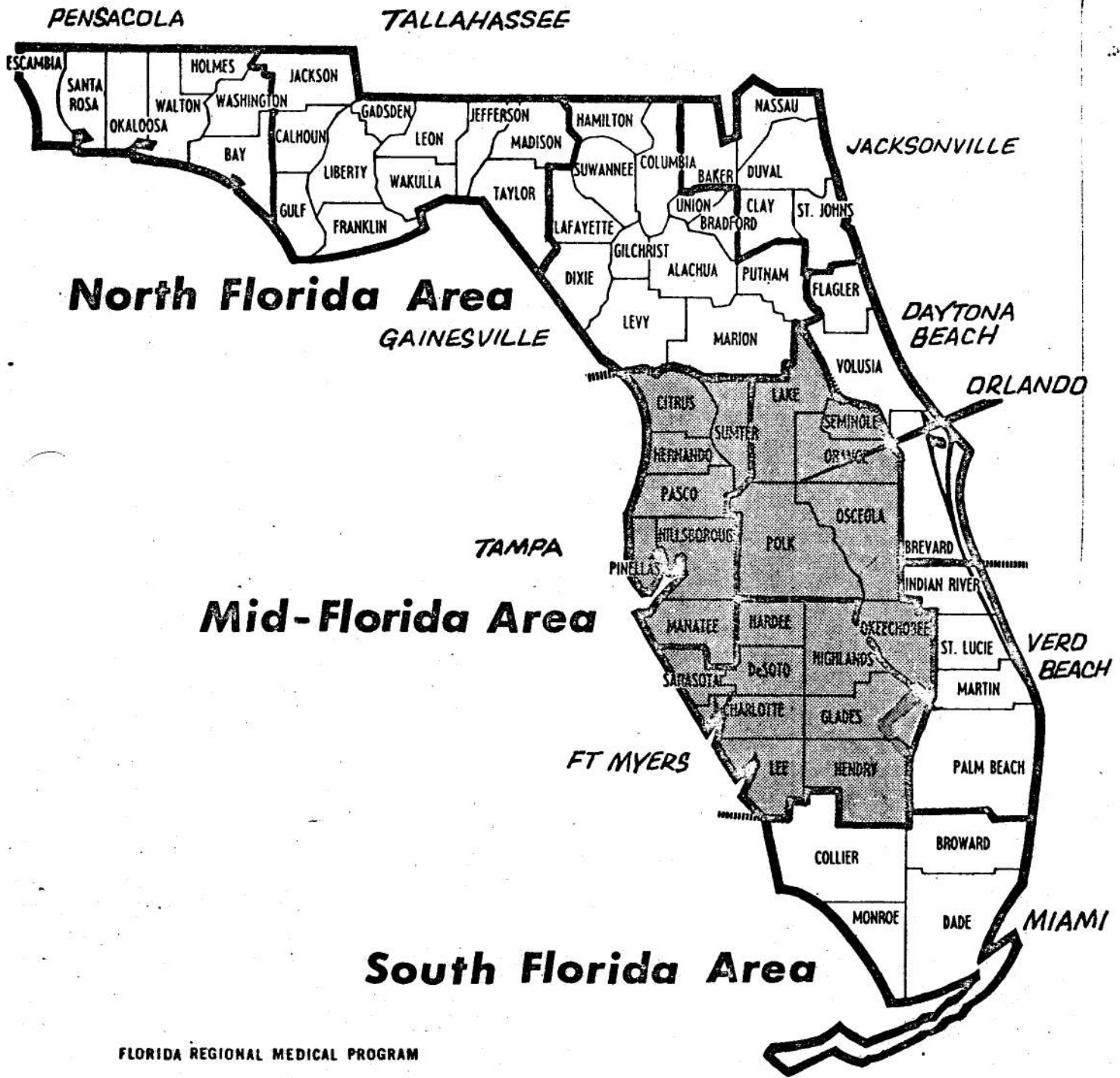
The boundaries of the Florida Regional Medical Program coincide with those of the State.

The Region comprises three areas with a Coordinator for each:

1. North Florida, with offices in Gainesville, has subarea offices in Jacksonville, Daytona, Pensacola, and Tallahassee
2. Mid-Florida, in Tampa
3. South Florida with offices in Miami

Plans for the future include subarea offices in Orlando and Ft. Myers for the Mid-Florida area and in Vero Beach for the South Florida area.

Florida Regional Medical Program



II. DEMOGRAPHY

A. Population

1. Florida statistical abstract (1969) shows a population of 5,796,000, with a 1975 projected population of 7,463,000.
2. The population distribution is 74% urban.
3. The non-white population is calculated at 82%.
4. The median age is 31.2 as contrasted with a U. S. average of 29.5.

B. Land area consists of 54,252 square miles.

C. Health Data

1. Mortality rate for heart diseases 363 per 100,000 (U. S. average 366).
2. Rate for cancer 170 per 100,000 (U. S. average 151).
3. Rate for CNS vascular lesions is 111 per 100,000 (U. S. average 104).

D. Statistics on Facilities

1. Medical Schools

- a. University of Florida College of Medicine, Gainesville
- b. University of Miami School of Medicine, Coral Gables
- c. University of South Florida (a new school of medicine located in Tampa, Florida; approved in 1965; under construction)

2. Schools of Nursing - 22, all mainly degree programs in colleges and universities

3. Cytotechnology - 3, with two associated with medical schools

E. Personnel Statistics

1. As of 1962 there were 7,445 physicians and 532 osteopaths (149.7 per 100,000 population)
2. Active duty nurses 17,796 out of a total of 23,855. The number of active duty nurses per 100,000 population is calculated as 333.9.

III. POLITICAL CONSIDERATIONS

A. Governor

The Honorable Claude R. Kirk, Jr., Republican, elected for four-year term which expires January 1971.

B. To the Ninety-first Congress, Florida elected to send the following:

1. Senators

- a. Spessard Lindsey Holland, Democrat. Senator Holland has stated that he will not seek reelection. He is a member of the Appropriations Committee and the Joint Committee on Reduction of Federal Expenditures.
- b. Edward John Gurney, Republican, elected to the U. S. Senate November 5, 1968. He is a member of the Committee on Government Operations and the Special Committee on Aging.

2. House of Representatives

First District - Robert L. F. Sikes, Democrat, is a member of Appropriations Committee

Second District - Don Fuqua, Democrat

Third District - Charles E. Bennett, Democrat

Fourth District - William V. Chappell, Jr., Democrat

Fifth District - Louis Frey, Jr., Republican

Sixth District - Sam M. Gibbons, Democrat (of Tampa)

Seventh District - James Andrew Haley, Democrat

Eighth District - William C. Cramer, Republican

Ninth District - Paul G. Rogers, Democrat

Tenth District - J. Herbert Burke, Republican

Eleventh District - Claude D. Pepper, Democrat

Twelfth District - Dante B. Fascell, Democrat, is a member of Government Operations Committee

IV. HISTORICAL REVIEW

July 21, 1966 National Advisory Council considers application for a region covering the State of Florida and evidencing the involvement of all major medical institutions and organizations in the State. The Regional Advisory Group listed 15 members including representatives of most of the major elements in the Region. Preliminary goals were identified.

The application received a recommendation for disapproval, largely because the probable effectiveness of the proposed RMP would depend upon the contribution of a systems engineering approach. Recent DRMP policy had discouraged the use of large systems engineering subcontracts. The applicant subsequently withdrew the request for such funds but void created by this deletion, in the opinion of reviewers, was not then adequately counterbalanced. The applicant was advised to explain how the objectives of the proposal could be reached without extensive use of systems analysis

Aug. 12, 1966 A revised application was reviewed by the National Advisory Council. Again, the application was recommended for disapproval since it did not significantly differ from the original. It was the opinion of the reviewers that any subsequently received revision should be one which indicated an entirely different approach. Reviewers stated that it would appear that there is a fairly equal division of competencies with no one strong group emerging. The State Medical Society "might be the logical leader in developing some degree of cohesiveness," were convinced that a single RMP serving the entire State would be advantageous. This opinion dominates through 1969.

Oct. 17, 1966 The Review Committee again disapproved the application, for the reason stated above.

July 25, 1967 Florida's application again comes before the Review Committee. Between June and November 1966, the Review Committee and the National Advisory Council considered two planning grant applications, as indicated above, submitted

on behalf of the Florida Region and recommended they be returned for revision. Since the applicant deleted the systems analysis approach to planning included in the original application, it was agreed that the proposal did not then contain a planning mechanism. The method of procedure in the revised application was to have directors of medical education in community hospitals primarily responsible for implementing the planning program. This was viewed as being inappropriate and it was recommended that a new approach be adopted.

- July 25, 1967: The now revised application presented a proposal whose objectives generally centered around an assessment of existing programs of both patient care and continuing education, as well as the development of approaches for their improvement. To carry out these objectives studies were to be done on the present environment or care of heart disease, cancer, stroke and related diseases; the resources for care and existing educational programs. The Committee recommended approval for two years to support Central Core Staff, noting that a more representative and functional Advisory Group should be drawn together and that there should be a more definitive planning approach with a more realistic budget.
- June 18, 1968 Florida Regional Medical Program receives an earmarked grant to establish a community hypertension screening program.
- July 11, 1968 The Region requested 14 part time and two full time professional staff to administer a subregional program for Mid-Florida. The Program would be responsible to and receive guidance from an existing Mid-Florida Advisory Council which was to be incorporated as a nonprofit organization. Reviewers noted that this application concerned itself mainly with premedical education. There was little, if any, focus on the patient. The application was deferred, the Committee having expressed concern about the lack of information as to the progress being made under the initial grant; the fact that a full time Coordinator had not been recruited and that the application under consideration requested a significant number of parttime positions.
- Aug. 28, 1968 An application planning supplement for a Tampa suboffice was deferred by the National Advisory Council, pending a site visit.
- Oct. 15, 1968 Dr. Granville W. Larimore became State Program Director.

NOTE: Because of the complexity of the chronological history of Florida Regional Medical Program, a summation at this point will be in order. It is of record that between June 1966 and August 1967, three editions of a planning grant application were considered. The last of these was approved for an initial two-year period beginning November 1, 1967. This was followed by the addition of the earmarked project in the study of hypertension in a rural area. Subsequently the National Advisory Council approved the awarding for second year expenditures of the unexpended first year balance, increasing the current annual level of support to the Region to \$366,000. The recommendation to the Council to award this additional amount was based on its interest in allowing the new Coordinators to develop a central staff. It was made in lieu of an award of the planning supplement (O2S1) which had been submitted by his predecessor. Action on the supplement was deferred. Two additional planning supplements were received at the time the noncompeting request for continuation was being reviewed by staff. One was to establish a public information program for the Region (O2S2) and the other for planning in the North Florida Subregion (O2S3). There was considerable overlap in these three applications as well as a number of obvious inconsistencies. Further review of the supplements was deferred by DRMP staff pending some clarification. A fifteen project new operational application (1G03) was received at about the same time, having been prepared and forwarded before Dr. Larimore's arrival. A site visit was scheduled to cover the organization and administrative aspects of the Region, its planning progress, and its readiness for operational status. Following such a site visit, the application for operational status would be presented to the Review Committee and Council.

- Jan. 13, 1969 Above referenced site visit was made. The site visitors recommended that Florida become an operational Region, believing that such would serve to strengthen the single Region concept; assist in meeting evident Regional needs without interfering with the establishment of reasonable priorities and maintain the momentum evident in North Florida and beginning to be seen in the other two areas.
- Feb. 4, 1969 National Advisory Council approves operational projects for FRMP, taking into full consideration the above referenced site visit.
- May 7, 1969 A supplementary operational application was reviewed by the Advisory Council and all were either disapproved or returned for revision, the Council having considered the newness of the Coordinator, the recency of operational status and the organizational problems of an unevenly developing Region.

- Aug. 11, 1969 Another supplemental operational application was considered by National Advisory Council, which recommended support for Core and one project only.
- Nov. 24, 1969 Visit by DRMP staff to Central Office of FRMP to determine present status and future plans of the Region and to make appropriate comments upon them to the Region and to the Division, with especial regard to (1) the relationships between the applicant agency (Florida Advisory Council, Incorporated); its fiscal agent (Florida Medical Foundation); the Regional Advisory Group (Florida Advisory Group) and official and voluntary health care related groups in Florida; (2) study the interrelationships between the central administrative component and the three subregions of FRMP; and (3) seek and provide information contributory to the general strengthening of the FRMP so as to achieve a balanced Region.

V. CORE STAFF

- A. The "Core" or Central Office staff is located in Tampa, Florida, in the Medical Building at 1 Davis Boulevard. The Mid-Florida area offices are in the same building as the Central Offices; the North Florida area is in Gainesville, while the South Florida area is in Miami.
- B. The Central Office staff (Tampa) totals 16, plus 7 unfilled positions.

Four people are employed in the Mid-Florida offices; five in the North Florida central office, plus ten in its sub-area offices, while the South Florida office has a staff of two.

VI. GENERAL ORGANIZATION

Florida Regional Medical Program is linked to the Florida Medical Association, which appointed the Florida Advisory Council, Incorporated, which directly administers FRMP. Membership consists of named subscribers and such other persons as from time to time may become members upon application and approval by the membership in the manner prescribed by the by-laws. The latter state that membership shall consist of four representatives from the Medical Association; one from each of the Schools of Medicine; one each from the heart, hospital and cancer associations. Additionally, there is to be a representative from the Board of Regents of the State of Florida; one from the Board of Trustees of the University of Miami and one from the general public. Additional organizations may be requested to designate representatives who may be elected to membership by a two-thirds vote of the members present and voting.

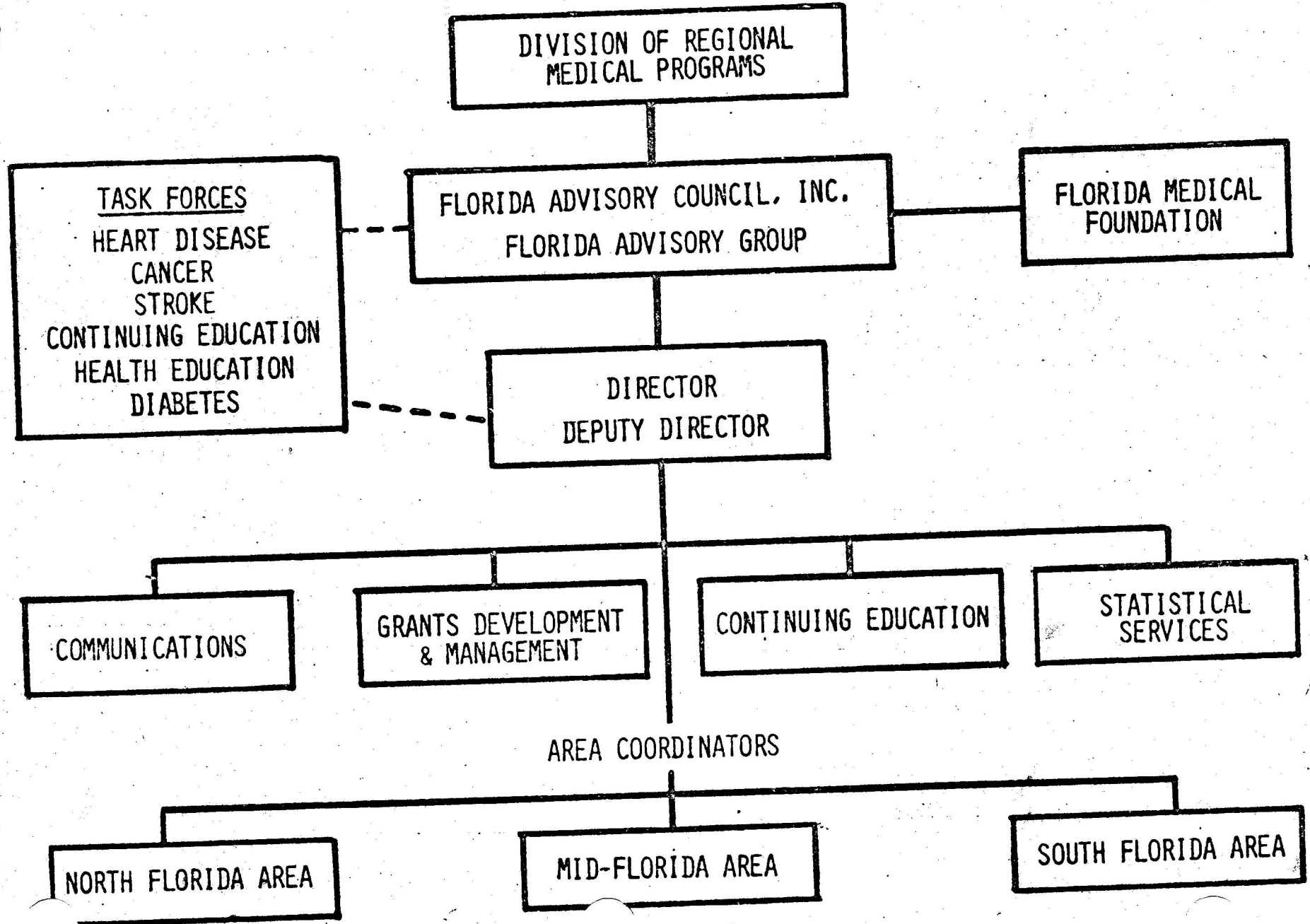
Florida Medical Foundation, formed by the Florida Medical Association to be its educational and research component before the advent of Regional Medical Programs, acts as fiscal agent for FRMP and is responsible for audit exceptions up to \$100,000. Florida Medical Foundation has neither policy nor program responsibilities or authorities beyond this fiscal relationship. The Chairman of the Florida Advisory Council is also State Coordinator (on a part time salary) of Florida Regional Medical Program. The name will likely change to Florida Council or Regional Medical Program. The Florida Advisory Group constitutes what, in other Regional Medical Programs, is termed the Regional Advisory Group. Its members are appointed by the Florida Advisory Council.

Responsible for direct operations of FRMP is the State Director, who reports to the Florida Advisory Group, nominally through the State Coordinator. The three Coordinators for Mid-, North- and South Florida Subregions report directly to the State Director and are held responsible by him for program management, planning, development and evaluation.

The several Task Forces (heart, cancer, stroke, diabetes, health education and continuing education) are appointed by Florida Advisory Council and report primarily to that body rather than to the Florida Advisory Group, although Task Force reports are considered by the latter. The Advisory Council, rather than the Advisory Group, has veto power over projects submitted to and reviewed by the Task Forces. This confusing bilateral, although unbalanced, arrangement is undergoing study by FAC-FAG at this time and a committee has been formed by the Florida Advisory Group to consider priorities and planning. There is no executive or similar committee of Florida Advisory Group.

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VII. OPERATIONAL PROJECTS

Note: This narrative deals only with project objectives. Project progress is not described.

#0 - Rural Hypertension Screening Program

This program seeks the determination of an effective method of identifying the early indigent patient with high blood pressure; seeks to work out a satisfactory arrangement between the health department and physicians for referring suspects for follow-up treatment and seeks to provide a model upon which to control high blood pressure which may be applied in other areas. Another aspect of this project is community patient and physician education.

#1 - A Community Multi-Test Health Screening Center

This proposal would seek development of a computerized multi-test screening facility to serve four major functions:

Health Screening, Education, Research and Coordination
between Public and Private Programs in the Community.

#2 - Coronary Care Unit Program for North Florida

The goals of this project would include institution of coronary care unit facilities in five communities currently lacking such units and which are fifty miles from the nearest; the initiation and continuation of educational programs for physicians and nurses; the development of coronary care unit facilities in communities having less than one hundred myocardio infarctions per year and the coordination of other Regional programs such as telephone computerized electrocardiographic reading and reporting, preceptorships, television broadcasts and programs at community hospitals on the subject of heart disease.

#3 - Regional Computerized Electrocardiographic Processing Center

This plans the testing and evaluation of heart and soft ware components in an automated EKG system and to plan a mass screening program for prevention and for the accumulation of epidemiological data.

#5 - Post-Graduate Intensive In-Service Education for Physicians

This project would seek to bring community physicians into the hospital environment, making them temporary members of a well organized patient-care team. Fields of endeavor would include cardiology, neurology, hypnotology, and oncology.

#8 - Computerization of Coronary Care Units (Jacksonville)

A system has been devised for collection of data which is computerized and evaluated by the coronary care committee monthly with continued evaluation of patient care and continued education of the physician in the treatment of the coronary patient. The project will expand to include the surrounding communities and eventually the entire State so as to yield information on a larger population with statistical validity.

#12 - Computerized Electrocardiographic Screening Program

This project, in cooperation with the University of Florida, seeks computer analysis of EKG traces recorded in cardiovascular screening centers (see Project #3). These centers will be conducted by county health departments under the supervision of the Florida State Board of Health.

#15 - Supervision of Paramedical Personnel via Telemetry

The project would upgrade the immediate care of emergency patients outside the hospital. It would seek to provide an advanced communication system between rescue and ambulance personnel and medical personnel in the hospital.

#16 - Coronary Care Nurse Training Program

This is the first phase of a Regionwide plan for heart disease which is being developed by the Florida Heart Association. When it was subjected to a site visit, the visitors agreed on the need for the project and the desirability of having it done on a Regionwide basis.