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**PROFILE: ILLINOIS REGIONAL MEDICAL PROGRAM**

**Grantee: Illinois Regional Medical Program**

**Current Chief Executive:**  
Wright R. Adams, M.D.

**Profile originally prepared by:**  
O. Dale Robertson

**Original date: September 1969**

**Up-dated: November 1969**

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Illinois Regional Medical Program  
Profile

Table of Contents

- I. Geography
  - II. Demography
  - III. Politics
  - IV. Historical Review
  - V. Core Staff
  - VI. Organization
  - VII. Funded Operational Projects
- Appendix

I. Geography

A. Map of the region - see attached

B. Geographic shape

State boundary; but also with the flexibility to respond to other factors such as medical services and trade areas. Such responses may be reflected in either direction and IRMP may provide services in a geographic area which overlaps into another Region's territory or another Region may do the same and overlap into IRMP's territory.



## II. Demography

### A. Population: As of 1965, roughly 10.6 million

1. Roughly 81% urban
2. Roughly 89% white
3. Median age: 31.2 yrs (U.S. average 29.5 yrs.)

### B. Land area: 55,930 square miles

### C. Health statistics:

1. Mortality rate for heart diseases--422/100,000 (high)
2. Rate for cancer--167/100,000 (high)
3. Rate for CNS vascular lesions--100/100,000 (low)

### D. Facilities statistics

1. There are five medical schools: University of Chicago; Chicago Medical School; University of Illinois; Northwestern; and Stritch-Loyola University
2. Chicago College of Osteopathy
3. There are 70 Schools of Nursing, mainly hospital based
4. There are 50 Schools of Medical Technology, mostly in hospitals
5. There are 3 schools of Cytotechnology, 1 associated with the University of Chicago Medical Center
6. There are 59 X-ray technology facilities
7. Physical therapy: Northwestern University Medical School
8. There are 333 hospitals with 108,062 beds, the great majority being non-federal.

### E. Personnel statistics

1. There are 14,009 physicians (136/100,000) and 363 osteopaths (3.5/100,000) in this region.
2. There are 20,254 active nurses (196/100,000) in this region.

### III. Politics

#### A. Governor

Richard B. Ogilvie (R), 1969-1973

#### B. Senators

1. Charles H. Percy (R), 1966-1973

Member, National Advisory Committee on Low-Income Housing  
Member, Select Committee on Nutrition and Human Needs

2. Ralph Smith (R)

#### C. Congressmen

1. Sidney R. Yates (D) - Member, House Appropriations Committee

2. Roman C. Pucinski (D) - Member, Education and Labor Committee

3. John N. Erlenborn (R) - Member, Education and Labor Committee

4. Robert H. Michel (R) - Member, House Appropriations Committee

5. George E. Shipley (D) - Member, House Appropriations Committee

#### IV. Historical Review

Early 1965

A committee of the five Medical School Deans in Illinois, the Illinois Division of American Cancer Society and the Chicago Health Department, was appointed by Dr. Morris Fishbein, President of the Chicago Heart Association, to discuss possibilities of a RMP.

July 1965

Mayor John Daley and Governor Otto Kerner appointed separate Advisory Committees for RMP which subsequently (January 1, 1966) fused to form the present Regional Advisory Committee which were appointed by the Governor. Appointment, responsibility and authority of the membership to the RAC was vested in the Governor until changed on November 25, 1968.

July 1, 1965

The initial planning grant application, under which IRMP was established, was approved. At that time and until July 1, 1969, the Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois served the function of Trustee, with the University of Chicago being the grantee agency and fiscal agent. The Coordinating Committee was comprised of the six deans of the schools and the administrators of some 16 major medical school hospitals. It had, and exercised, the responsibility for the policy decisions relating to core staffing and administration, and to both planning and operational components of IRMP.

February 1966

Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois organized by the Deans of the five medical schools (Chicago Medical School and the Medical Schools of Loyola University, Northwestern University, the University of Chicago and the University of Illinois).

August 1966

Initial application submitted by Coordinating Committee of Medical Schools and Teaching Hospitals of Illinois for implementation of RMP in Illinois but was rejected.



May 1967 A revised planning application was submitted and approved by May 1967 Council at a reduced level for a two-year period of 7/68 through 6/69.

June 1967 Planning award granted to new application - 01 year \$304,629 (DC) from 7/1/67 - 6/30/68.

July 1967 Second year planning grant awarded.

1st year award - \$336,336  
2nd year award - \$520,614  
(including earmarked funds for a 3-year hypertension screening program at Pres. St. Luke's Hospital)

August 1968 Supplemental award of \$32,200 approved (as a Special Council action funding a Continuing Education Study)

October 1968 Committee considered a planning supplement submitted and action was deferred for site visit and returned to Committee.

November 1968 Council Meeting; approval of a 2nd supplement of \$391,199 (for additional staff positions, to develop sub-regional planning, and to support 10 sub-contract planning studies.

November 11-14, 1968 Staff visit (Dr. Stanley Olson, Dr. Richard Manegold, Miss Elsa Nelson, Mr. Robert Lawton, Mr. Roland Peterson)

Observations:

Regional Strengths

- . Obvious interest and talent of the many Task Forces, committees, chairmen and members.
- . Beginning of hospital network related (or potentially related) to medical schools.
- . Planned re-definition of roles regarding RAG and Coordinating Committee.

November 25, 1968

The RAC adopted By-laws. The Grantee Institution was given responsibility and authority to appoint future RAC membership.

December 27, 1968

The non-profit "Illinois Regional Medical Program" was formed. The RAC contained 30 members; the Executive Committee of RAC contained 8 members.

February 1969

Second supplement to 02 year planning grant approved by the February Council (to develop an Educational Support Resource at the University of Illinois.)

Support recognized by Council for a 3-year period will be annually \$174,500 (DC); 3 year total - \$523,500.

June 1969

Four month award approved - \$540,191 (DC) for the year 7/1/69 - 10/31/69.

July 1, 1969

Applicant organization was changed from the University of Chicago College of Medicine to a separate not-for-profit organization, the Illinois Regional Medical Program, Inc.

V. Core Staff

A. Core staff is located in the Illinois Regional Medical Program Office, 122 South Michigan Avenue, Chicago, Illinois, 60603.

B. Major Core organization

The Board of Directors is the policy-making body of IRMP and, as such, is responsible for organization and staffing decisions relating to the Program. The Illinois Regional Advisory Committee provides overall advice and guidance to the Board. Initial organizational and staffing patterns were intended primarily to implement the IRMP planning phase activity. However, increasing attention is now being given to organization and staffing needed for operations (as well as for on-going planning functions). Recent continuation and supplemental applications, approved and funded by the Division of Regional Medical Programs, set forth the present staffing pattern for IRMP.

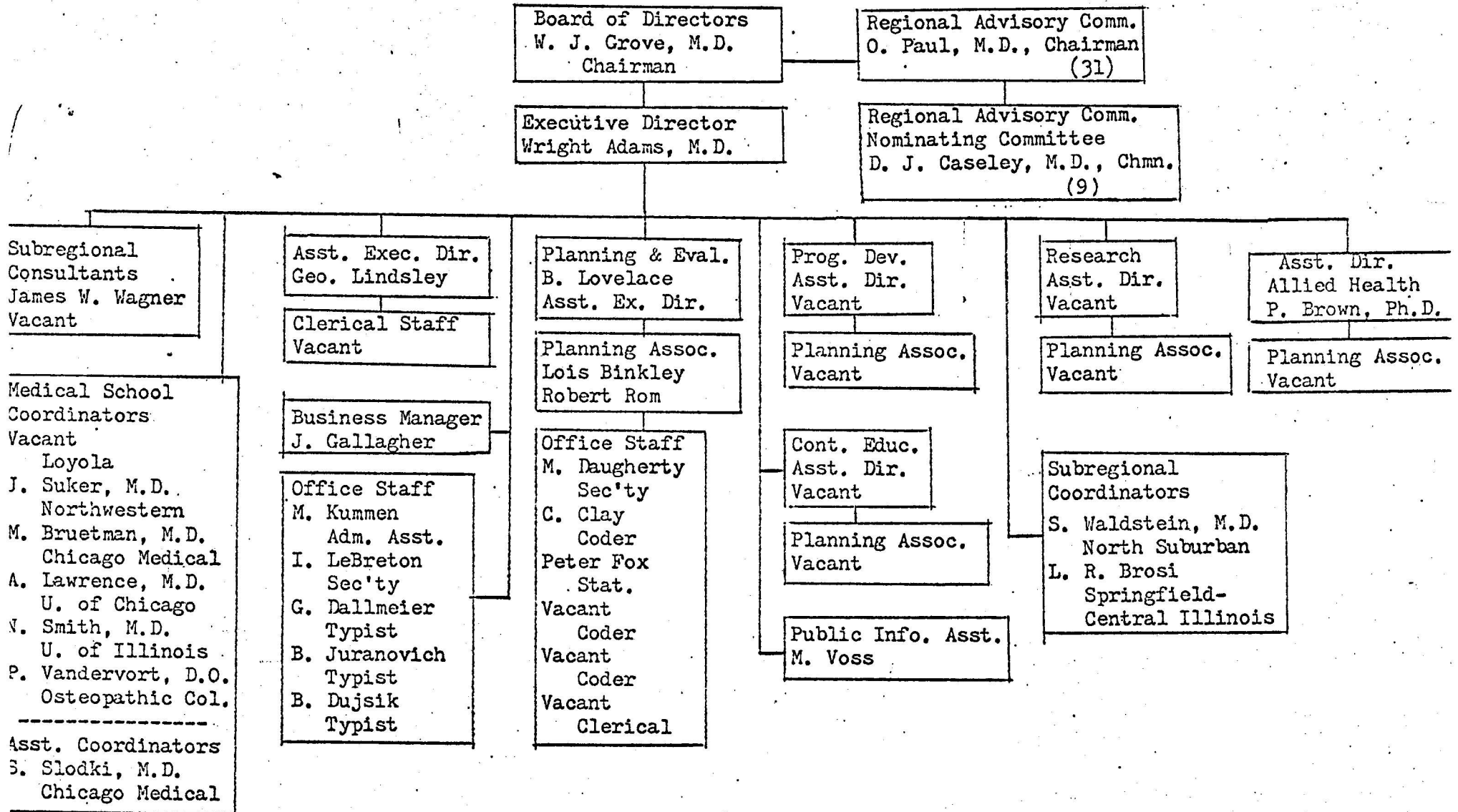
C. Major Core staff

Wright Adams, M.D. - Executive Director  
George A. Lindsley, M.P.H. - Assistant Executive Director  
Bryan Lovelace, Jr. - Assistant Executive Director  
Miss Marilyn J. Voss, M.S.J. - Public Information Assistant  
Robert J. Rom - Planning Associate  
Miss Lois H. Binkley - Planning Associate  
Joseph J. Gallagher - Business Manager

ILLINOIS REGIONAL MEDICAL PROGRAM

Organization - Core Operations

November 1, 1969



## BIOGRAPHICAL INFORMATION

### 1) Robert John Rom

- a) B.A., University of Illinois, 1965
- b) M.A., University of Illinois, 1967
- c) Ph.D., University of Illinois
- d) Employed in the engineering department of Western Electric Feb. 1960-September 1961.
- e) Planning Associate for the Illinois Regional Medical Program

### 2) Maryilyn J. Voss

- a) Born Peoria, Illinois, September 1945
- b) B.S., Bradley University, Peoria, Ill., 1967
- c) M.S.J., Northwestern University, Ill., 1968
- d) Research Assistant in journalism, Northwestern University, 1967-1968
- e) Public Information Assistant, Illinois Regional Medical Program

### 3) Joseph J. Gallagher

- a) Born, Philadelphia, Pa. 1912
- b) Temple Univ., Phil. Pa., Diploma 1939 (Major-Accounting)
- c) Chief Accountant, Argonne National Laboratory, U. of Chicago, 1946-1968.
- d) Business Manager, Illinois Regional Medical Program

### 4) Paul G. Vandervort, D.O.

- a) Born Feb. 7, 1931, Bloomington, Ill.
- b) B.S., Illinois Wesleyan University, 1955
- c) D.O., Chicago College of Osteopathy, 1959
- d) Postgraduate training: Cardiovascular REsearch Training Fellowship Program, Chicago Coll. of Ost., 1962-1966
- e) Residency in Internal Medicine, Chicago Osteopathic Hosp. 1967-1968
- f) Medical School Coordinator, Illinois Regional Medical Program

### 5) Nat. E. Smith

- a) Born Barton, Florida
- b) A.B., Erskine College, S.C., 1943
- c) M.D., University of Georgia School of Medicine, 1949
- d) Instructor in Medicine, Univ. of Ill., 1957-1959
- e) Assist. Professor of Med, U. of Ill, 1959-1963
- f) Associate Professor of Med., U. of Ill., 1963 - date
- g) Assistant Dean, College of Medicine, 1962
- h) Associate Dean, College of Medicine, U. of Ill., 1968
- i) Medical School Coordinator, U. of Ill., IRMP

6) Ann Miller Lawrence

- a) Born Boston, Mass., June, 1930
- b) A.B., Barnard College of Columbia University, 1952
- c) Junior Research Assoc., Dept. of Physiology, 1953-54
- d) Graduate student, Institute of Experimental Biology, Ph.D., 1957
- e) M.D., Univ. of Cal. at Berkeley & San Francisco School of Med, 1960
- f) University Fellow 1957-1959
- g) Research Fellow in Medicine 1959-1960
- h) University of Chicago Hospitals & Clinics, rotating internship 1960-1961
- i) Junior assistant resident in medicine 1961-1962
- j) Senior assistant resident in medicine 1962-1963
- k) Resident in Medicine & USPHS trainee in endocrinology, 1963-1964
- l) Instructor, Department of Medicine, 1964
- m) Assistant Professor of Medicine, 1965 -
- n) Medical School Coordinator, IRMP

7) Sheldon S. Waldstein, M.D.

- a) Born Chicago, June 1924
- b) Harvard College, Mass. 1941-1943
- c) M.B. (1946), M.D. (1947) Northwestern University
- d) M.S. (Pathology) Northwestern University, 1951
- e) Internship, Cook County Hospital, 1947-1948
- f) Residency, Cook County Hospital, 1948-1951
- g) Chairman, Dept. of Endocrinology, Cook County Hospital, 1956-
- h) Chief, Northwestern Medical Service at Cook County Hospital, 1954-1962
- i) Director, Dept. of Medical Education and Exec. Dir., Dept. of Med., Cook County Hospital, 1962-1963
- j) Director, Division of Medicine, Cook County Hospital, 1964 -
- k) Teaching Positions: Northwestern U. Med. School
  - Clinical Assistant 1951-1952
  - Instructor 1954-1956
  - Associate 1956-1958
  - Assistant Professor 1958-1961
  - Associate Professor 1961-1966
  - Professor 1966-
- l) Subregional Coordinator, Illinois Regional Medical Program

8) Martin Edgardo Bruetman, M.D.

- a) Born Buenos Aires, Argentina, 1932
- b) M.D., Universidad de Buenos Aires, Facultad de Ciencia Medicas, Argentina, 1955
- c) Junior Resident in Neurology, Cincinnati Gen. Hospital, Ohio, 1957-1958
- d) Senior Resident in Neurology, Cincinnati Gen. Hospital, Ohio, 1959-1959 (Jan.-June)
- e) Chief Resident in Neurology, Cincinnati Gen. Hospital, Ohio July 1959-Dec. 1960
- f) ECFMG (permanent) March 1960 -

8) Martin Edgardo Bruetman, M.D. (continued)

- g) Fellow in Neurology, Baylor Univ., Texas, Jan. 1961-June 1962
- h) Coordinator Cooperative Study Cerebrovascular Insufficiency  
USPHS, NIH, July 1961-June 1964
- i) Teaching Positions, Baylor University
  - Instructor in Neurology, July 1962-June 1963
  - Assistant Professor Neurology, July 1963-June 1964
  - Member of the Faculty Comm. for Research Projects, 1963-64
- j) Head Neurology Section, Instituto de Investigaciones Medicas de  
las Universidad de Buenos Aires, July 1964
- k) Associate Investigator, Centro de Investigaciones Neurologicas,  
July 1964
- l) Clinical Asst. Prof., Univ. of Buenos Aires, 1964,65,66, & 68.
- m) Medical School Coordinator, IRMP

9) Isaac Lewin, M.D.

- a) B.S., U. of Ill. 1942
- b) M.D., U. of Pennsylvania School of Med. 1950
- c) Resident, Division of Neoplastic Diseases, Bronx, N.Y., 1951-52.
- d) Resident, Division of Med., VA Hospital, Bronx, N.Y. 1952-54.
- e) Chief, Oncology Service, Dept. of Internal Med., Chicago, Ill.  
1962 -
- f) Medical School Coordinator, IRMP

10) Jacob Robert Suker, M.D.

- a) Born Chicago, Ill., 1926
- b) B.S. Northwestern U., 1947
- c) M.S., Northwestern U., 1951
- d) M.D., Northwestern U. Med. School, 1956
- e) Residency: Dept. of Med. Northwestern U., 1957-1961; Chicago  
Wesley Memorial Hospital, 1957-1959; Cook County Hospital  
(Senior Resident), 1959-1960
- f) Medical School Coordinator, IRMP

11) Lois H. Binkley

- a) Born October 12, 1933
- b) M.S.Ed. Northern Illinois U., 1959
- c) B.A., Northern Baptist Seminary, College Division, Chicago, 1961
- d) Planning Associate, Illinois Regional Medical Program

12) Wright R. Adams, M.D.

- a) Born Sheridan Illinois, 1903
- b) B.S., University of Illinois, 1924
- c) M.D., University of Illinois, 1929
- d) Instructor of Medicine, 7/1/34 - 6/31/38
- e) Assistant Professor, 7/1/38 - 6/30/43
- f) Associate Professor, 7/1/43 - 6/30/49
- g) Associate Dean, Division of Biological Sciences, 12/1/47-6/30/49
- h) Professor of Medicine, 7/1/49 -
- i) Chairman, Department of Medicine, 8/1/49 - 3/31/61
- j) Associate Dean, Div. of Biological Sciences, 4/1/41 - 6/30/67
- k) Chief of Staff, Univ. of Chicago Clinics, 4/1/41 - 6/30/67
- l) Executive Director, Illinois Regional Medical Program, 7/1/67 - 6/30/69
- m) Executive Director, Illinois Regional Medical Program, Inc. 7/1/69 -

13) George A. Lindsley

- a) Born Monticello Illinois, 1918
- b) B.A., University of Illinois, 1940
- c) M.P.H., University of Michigan, 1960
- d) Social caseworker, Illinois Dept. of Public Welfare, 1941-42
- e) Medical Non-commissioned Officer, U.S. Army, Med. Dept., 1942-45
- f) Social caseworker, Illinois Public Aid Commission, 1/46-11/46
- g) Hospital administrator, John and Mary E. Kirby Hospital, Monticello, Illinois, 1946-48.
- h) Illinois Department of Public Health, 1948-67
- i) Assistant Executive Director, Illinois Regional Medical Program, Inc., 1967 -

14) Bryan W. Lovelace, Jr.

- a) Born Wichita Falls, Texas, 1924
- b) A.B., Texas Technological College, 1948
- c) A.M., University of Chicago, 1951
- d) Teaching Assistant, Dept. of Gov., Texas Tech. College 1948-49
- e) Administrative Asst., Anna State Hospital, 1952-53
- f) Administrative Asst., Fifth Army Hdqtrs., Chicago, 1955
- g) Research Associate, Dept. of Research, Am. Hosp. Assoc. Chicago, 1956-57
- h) Staff Representative, Dept. of Hosp. Financing, 1958-61
- i) Asst. Administrator, Northwestern Univ., 1965-68
- j) Planning & Evaluation, Illinois RMP



## VI. Organization

### A. Regional Advisory Committee

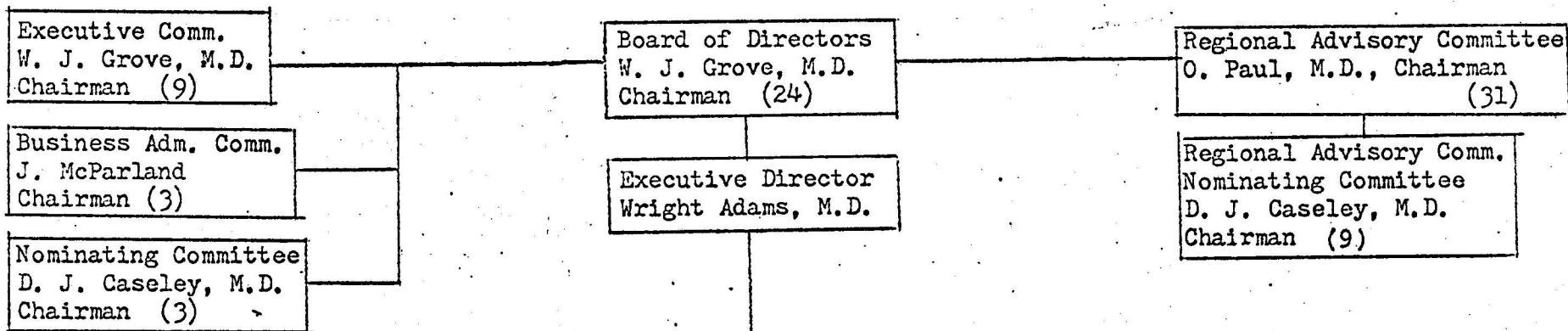
1. Appointed by Grantee Institution
2. Serve 5 year term
3. 31 members including 4 voluntary Health Agencies, 1 practicing physician, 1 hospital administrator, 2 Medical Center officials, 3 members from the Medical Society, 1 representative from the Nurses' Association, 2 representatives from the Department of Public Health and 4 members of the Public.
4. The Chairman is Oglesby Paul, M.D., Head of Medicine at Passavant Hospital in Chicago.
5. Meets quarterly
6. Functions: to review and approve applications for grants

### B. Organization relating to operations

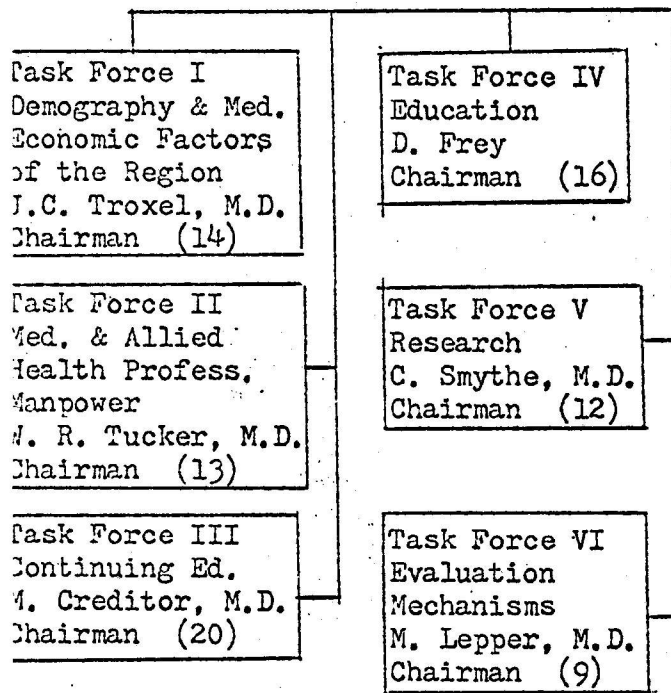
Operational Program proposals and applications arise in a variety of ways. There are those which come directly from some health resource within the Region - a physician, a faculty member, a voluntary health agency, a governmental health agency, an educational institution, a hospital, or a subregional hospital council. Other proposals may be developed by (or be stimulated by) a Task Force, Committee or Subcommittee. In the latter case every effort is made that the proposal itself be developed by the Region's health resources and not be staff. The principal role of staff and of task forces and committees in this matter is seen as one of stimulating action, providing a focal point for coordination of programs and for dissemination to accomplish needed action elsewhere in the Region.

The Task Forces and expert Committees have an assigned role in relation to operations, for they have a part in the review process for new and continuation applications for operational programs and projects.

ILLINOIS REGIONAL MEDICAL PROGRAM, INC. (Grantee)  
 Organization - Program Operations  
 November 1, 1969

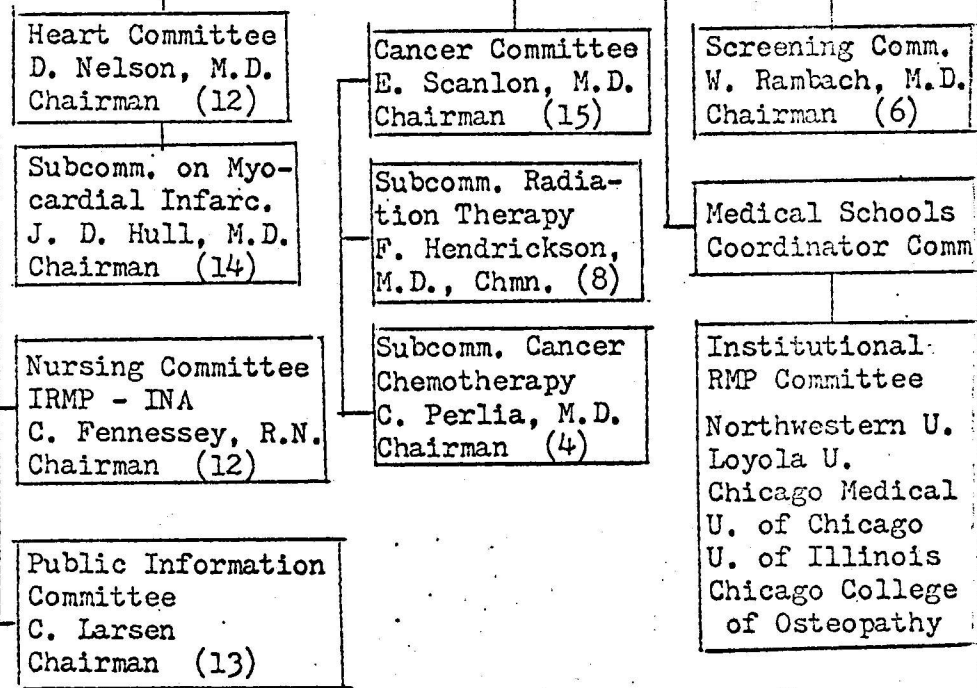


TASK FORCES



Core Operations  
 See Core Staff  
 Organization Chart

COMMITTEES



(Number of Task Force members or Committee members appears in parentheses after name of Chairman)

## IRMP Review Process

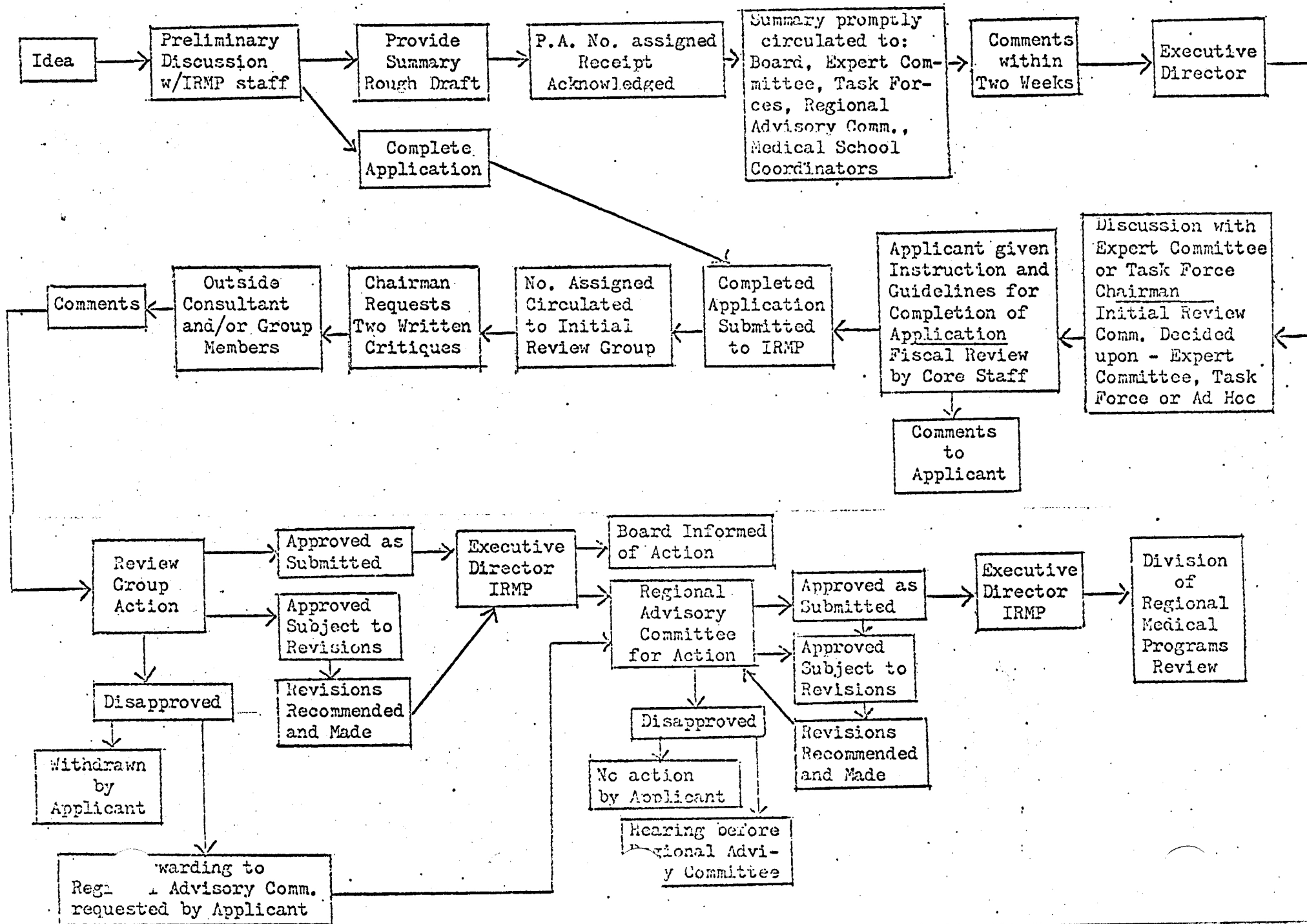
The Illinois Regional Medical Program has developed the following review process for all operational project applications as well as for all activities which would be conducted by subcontract with IRMP:

1. Persons interested in developing an application are encouraged first to consult with IRMP staff members and with others to whom staff refer them. An Operational Grant Application Guide and forms are provided and explained.
2. The first stage submission of the application is reviewed by IRMP staff. The applicant is informed of staff review comments.
3. The second stage submission, which is to include any additions or revisions resulting from the first stage review, is reviewed in the following manner: first, by appropriate task forces, expert committees, and/or other groups having pertinent expertise; then by the Board of Directors; and then by the Illinois Regional Advisory Committee.

Following expert committee review, the applicant may be asked for clarification or for elaboration of particular points. In such cases, further committee action is contingent on the applicant's response. A record is kept of the action and recommendation of the Committee.

4. Upon favorable action in the second stage, the application is considered for inclusion in an IRMP Operational Application for submission to the Division of Regional Medical Programs for federal agency review and approval. The IRMP Operational Application, as well as the project applications it contains, is reviewed and approved first by the Board of Directors and then by the Illinois Regional Advisory Committee for approval prior to submission to the Division.
5. Opportunity for a fair hearing is provided upon request to any applicant who has filed an application and is not satisfied with the action of the Illinois Regional Medical Program or any of its reviewing bodies. This provision also applies to actions for early termination of grant.

ILLINOIS REGIONAL MEDICAL PROGRAM  
PROJECT DEVELOPMENT REVIEW PLAN



## Management of Operational Projects and Subcontract Activities

The Board of Directors has made provision in the staffing and organization of the Program to comply with procedures required of grantees by PL 89-239, the Federal Regulations, and the Division Guidelines. This includes staff services to directors of operational projects, fiscal and property functions and account-ability, and for the functions of reporting, evaluation, and project continuation. The Board of Directors has adopted Statutes to govern all aspects of the administration of the Program. A well-qualified Business Manager has responsibility in fiscal and property matters. Other staff have assigned program responsibilities.

The Illinois Regional Medical Program recognizes that, while functioning within the Guidelines of the Division of Regional Medical Programs, it must be sufficiently flexible to work with the diverse agencies and organizations of this Region. It is believed that the not-for-profit corporation form of organization is uniquely suited to a Program which seeks to bring these diverse groups together into meaningful and productive regional cooperative arrangements.

METHODS AND ACTION TO ACHIEVE THE IRMP GOAL

METHODS

Organization

IRMP staff for liason

Regional and  
Areawide planning

Activities to foster and  
support local planning

Continuing  
Education

Regional Center for  
Continuing Education

Education

Increased health manpower  
education opportunities

Research

Mechanisms to facilitate  
Research

Evaluation

Data-base for planning  
and evaluation

OBJECTIVES

#1 - Prevention

#2 - Diagnosis

#3 - Treatment

#4 - Rehabilitation

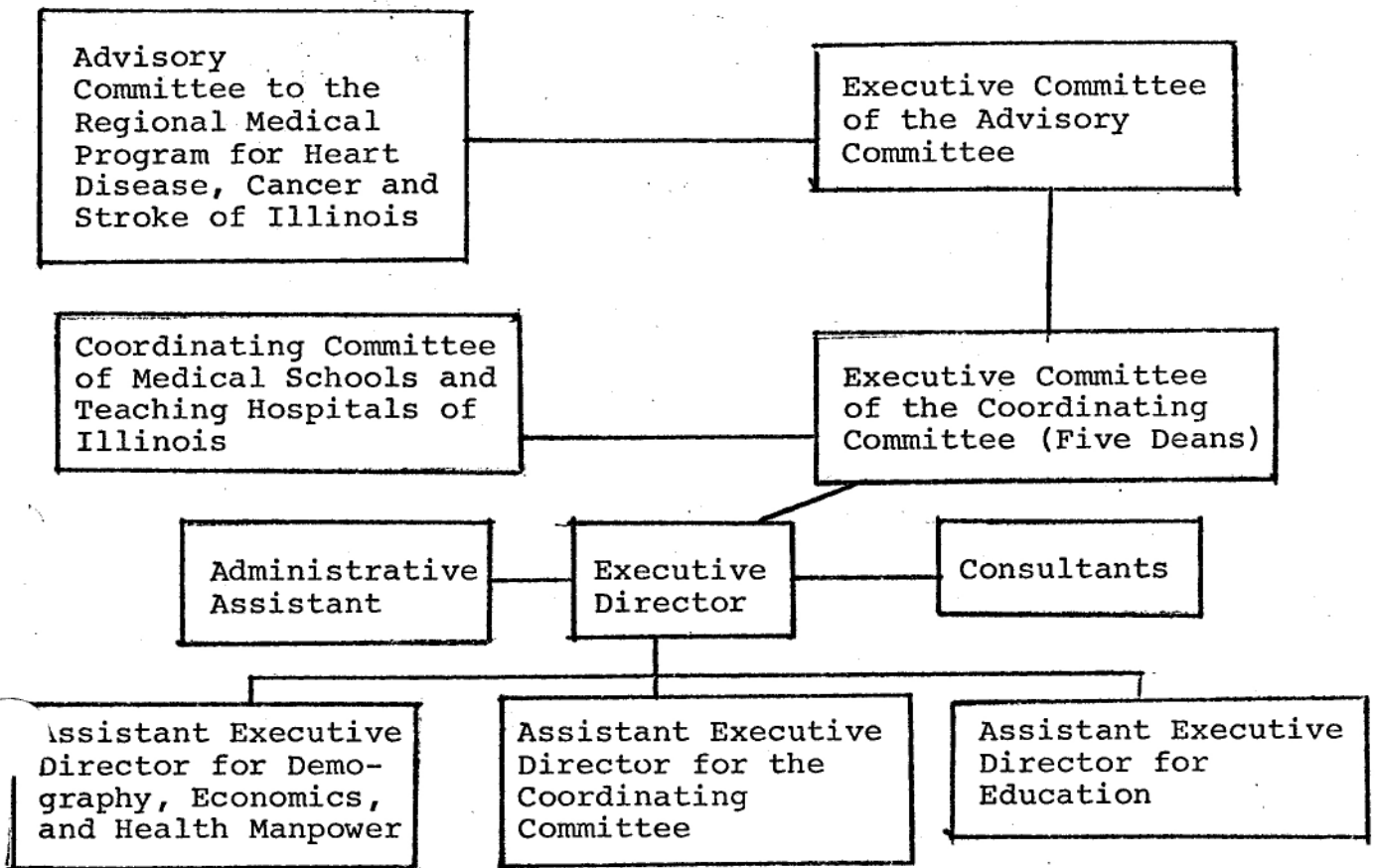
#5 - Service

REGIONAL COOPERATIVE ARRANGEMENTS

GOAL

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graph LR; O1["#1 - Prevention"] --- G["GOAL"]; O2["#2 - Diagnosis"] --- G; O3["#3 - Treatment"] --- G; O4["#4 - Rehabilitation"] --- G; O5["#5 - Service"] --- G; R["REGIONAL COOPERATIVE ARRANGEMENTS"] --- G;
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Administrative structure of RMP staff



VI. Operational Projects

#00 -- PLANNING AND CORE SUPPORT (funded)

Approved by August Council but unfunded

#1 -- ORGANIZATION OF A COORDINATED HOME HEALTH SERVICES PROJECT IN NORTH COOK COUNTY, ILLINOIS

Objectives: To secure community acceptance of the recommended Home Health Agency; determine the health needs as related to home health care in the area; find sources of personnel; organize a Board for the Coordinated Home Health Services Agency; locate funding and financial support for the planned operating Agency and develop a manual of procedures for setting up a Coordinated Home Care Agency.

#2 -- MULTIPHASIC SCREENING IN CHICAGO AREA INDUSTRIAL PLANTS TO DETECT CORONARY PRONE PERSONS AND INDIVIDUALS WITH SUBCLINICAL HEART DISEASE

Objectives: Based at the Chicago Heart Association, proposes to expand the screening effort on a refined pilot and developmental basis, to determine its long-term merit and viability--technically, economically, and socially--in industries in the Chicago Metropolitan Area.

#4 -- REGIONAL COORDINATED CANCER PROGRAM

Objectives: Develop a more realistic and efficient approach to the cancer problem by utilizing a team of experts to assist the primary physician in the interdisciplinary diagnosis and management of the cancer patients at any or all stages of their diseases. Cancer Data Center to include consolidation of tumor registry information from three hospitals with Presbyterian-St. Luke's established register is envisioned as a tool to be used to improve cancer therapy.

#5 -- RADIATION THERAPY TREATMENT PLANNING CENTER

Objectives: Submitted by Presbyterian-St. Luke's Hospital, Chicago, encompasses a series of interrelated activities designed to improve the quality of radiation therapy and radium dosimetry in the area served by the IRMP. Specific activities are: extension of a Dosimetry Communication System utilizing Xerox telecopies and telephone lines to provide transmission of graphic as well as printed material for facilitating treatment planning and patient consultation, and development of the present center to provide centralized service and consultation on the physical aspects of radiation therapy on treatment planning.



#6 -- MACON COUNTY STROKE COORDINATION PROGRAM

Objectives: Based at the Illinois Heart Association, Springfield will fund: recreation clubs to assist home-bound stroke patients with planned recreational and socialization opportunities; a family-centered study; professional education; and community education.

#7 -- A COMPREHENSIVE STROKE REHABILITATION PROGRAM IN SELECTED GENERAL HOSPITALS

Objectives: Submitted by Chicago Heart Association to organize resources already available in many hospitals and its related community to deliver well known but little used rehabilitation services to patients with completed strokes. Objectives for services and training activities are set forth for the patient, the attending physician, the hospital and lay community.

#8 -- COMPARATIVE ENDOSCOPIC STUDY AND TRAINING PROGRAM IN THE EARLY DIAGNOSIS OF GASTRIC CANCER

Objectives: In addition to providing training for physicians, is to primarily serve a huge segment of the "poor" patients in Cook as well as other Illinois Counties, with a gastric diagnostic service. Teaching and medical practice activities inherent in the project are to bring into cooperation relationships attending and house staff members of nine hospitals, faculty members and senior medical students of three medical schools with indigent as well as private patients in search for earlier diagnosis of gastric cancer and possible precursor lesions.