



E000722

PROFILE: WEST VIRGINIA REGIONAL MEDICAL PROGRAM

Grantee: West Virginia University Medical
Center

Current Chief Executive:
Mr. Charles D. Holland (Acting
Program Coordinator)

Profile originally prepared by:
Frank S. Nash
Operations Officer

Original date: August 1969

Up-dated: December 1969

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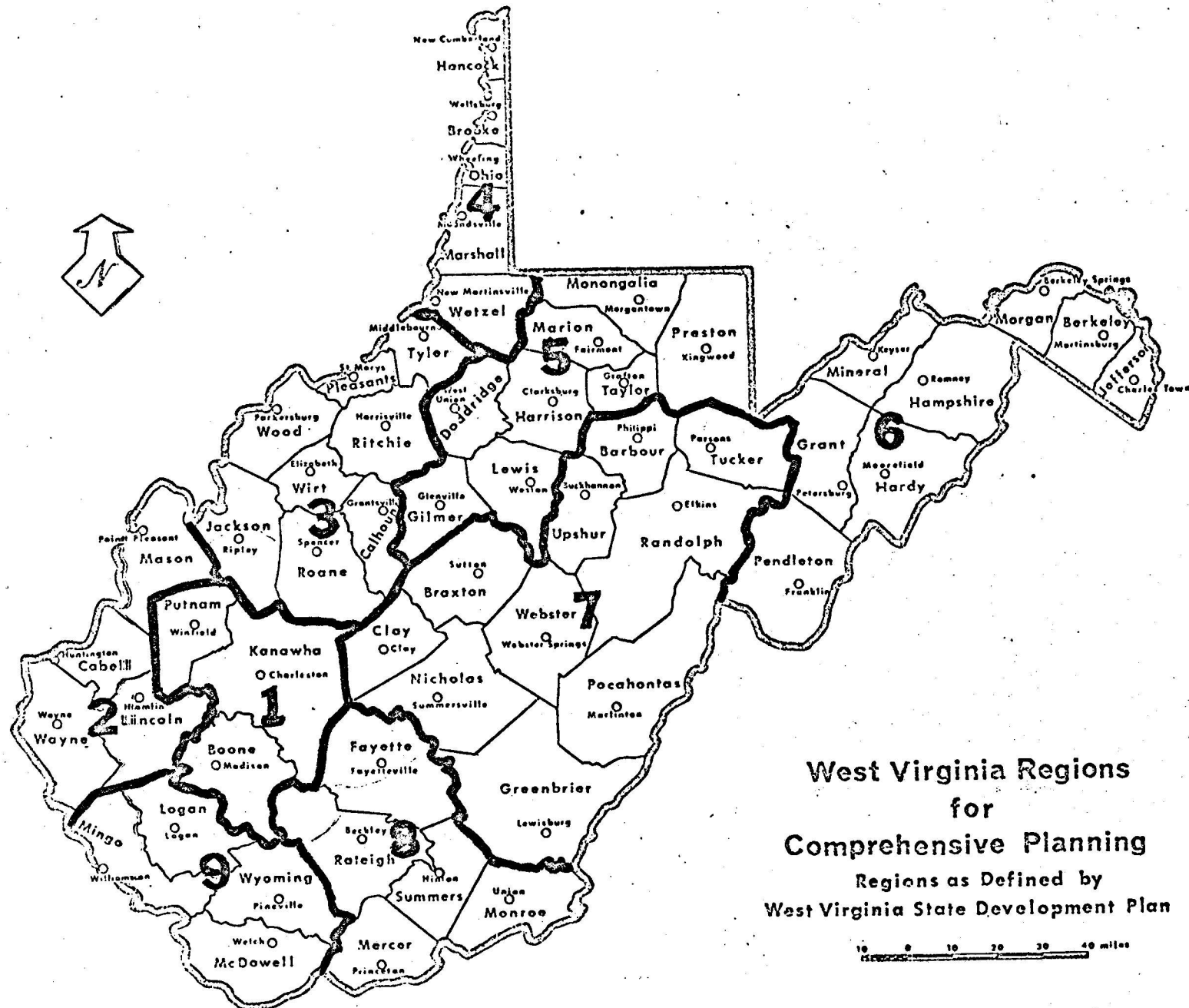
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I. GEOGRAPHY

The Region conforms to the political boundaries of West Virginia. This determination was made on the basis of patient flow and medical trade area studies.

For planning purposes the region is being divided into nine sub-regional areas. The boundaries of these sub-regional areas are the same as those of C.H.P. and the State Economic Development Department.

See map next page.



II. DEMOGRAPHY

A) Population: Approximately 1,811,000

- 1) Approximately 38% urban
- 2) Approximately 95% white
- 3) Median age: 28.5 years

B) Land area: 24,079 sq. miles

C) Health Statistics:

- 1) Mortality rate for heart disease 422/100,000 (high)
- 2) Mortality rate for cancer 168/100,000
- 3) Mortality rate for CNS vascular lesions 115/100,000

D) Facilities Statistics:

- 1) West Virginia University School of Medicine - 4 year school, enrollment 249.
- 2) There are eleven schools of nursing, eight of them university based.
- 3) There are seven schools of medical technology, one at West Virginia University School of Medicine.
- 4) There are ninety-one hospitals (five federal) with 15,963 beds (1,396 federal). Seventy-six are short-term facilities.

E) Personnel Statistics:

- 1) As of 1968 there were 1,550 MDs, (85.6/100,000), 111 Osteopaths (6.1/100,000). MDs in private practice (1965), 1,279 or 76/100,000.
- 2) Registered nurses, 5,011 or 276.6/100.000 (1966)

III. POLITICS

A) Governor: Arch A. Moore (R) 1973

B) Senators:

- 1) Jennings Randolph (D) 1958-1973; Labor & Public Welfare, Special Committee on Aging.
- 2) Robert C. Byrd (D) 1958-1971; Appropriations

C) Representatives:

- 1) Harley O. Staggers (D), Interstate & Foreign Commerce
- 2) Robert H. Mollohan (D)
- 3) John Slack (D), Appropriations
- 4) Kenneth Heckler (D)
- 5) James Kee (D), Public Works

IV. HISTORICAL REVIEW

- December, 1965 - Dr. Clark K. Sleeth, Dean of the West Virginia University School of Medicine, convened a meeting to discuss the possibility of the State's participation in RMP. State Departments of Health and Welfare, West Virginia Heart Association, West Virginia Cancer Society, West Virginia Hospital Association, the West Virginia Medical Center and the general public were represented at this first meeting and it was unanimously agreed the State should participate. The Medical Center was elected to initiate and coordinate planning for the establishment of a Program. The West Virginia State Medical Association later endorsed these actions and pledged its participation.
- April, 1966 - Twenty-eight (28) member advisory group appointed.
- June, 1966 - First meeting of RAG. Dr. Sleeth was elected Chairman, Dr. Robert J. Marshall was named secretary. West Virginia University Medical Center was chosen as the applicant organization for West Virginia RMP.

The RAG established an interim 12 member Staff Committee to prepare planning grant application. (This committee was dissolved June, 1968.)

- December, 1966 - Original planning grant awarded \$131,348 (D.C.) for 12 months period 1/1/67 to 12/31/67. 02 commitment \$175,250. 03 commitment; (6 months) \$91,250.

Review and Council Concerns:

- a) The degree to which the regional activity would be expanded into peripheral areas.
- b) Lack of information on resources of the Medical Center.
- c) Relationships with other existing programs (Appalachian Health Studies and Development).

- June, 1967 - Dr. Charles L. Wilbar, Jr. appointed Director of West Virginia RMP.

- December, 1967 - 02 Planning Continuation grant awarded, new funding of \$131,865 and carry-over of \$77,045 01 funds for total of \$175,250 (D.C.) for period 1/1/68 - 12/31/68.

The focus of planning for 1968 was to be in the following demonstration projects:

- a) Self Audit of Treatment by Medical Practitioners
- b) Coronary Care Training at West Virginia University Hospital
- c) Blacksville Area Survey
- d) Mechanical Morbidity Reporting

Note: The continuation request for \$127,632 above the committed amount - to fund the four demonstration projects. The continuation was awarded in the amount committed.

May, 1968

- Supplement to planning grant awarded to support the four demonstration projects for 9 months. \$123,707 (D.C.) for period 4/1/68 - 12/31/68.

June, 1968

- Amendment to planning grant to correct prior award to reflect actual end of year grant balance vs. estimated end of year balance.

December, 1968

- 03 year planning grant awarded, \$237,908 new funds plus \$140,137 carryover from 02 and supplement - total \$314,628 (D.C.) for period 1/1/69 - 12/31/69.

January, 1969

- Program experiences setback due to untimely death of Program Director, Dr. Charles L. Wilbar.

June, 1969

- Operational Grant application submitted requesting 4th year core and planning support of \$384,661 (D.C.) and support for 7 projects for total request of \$694,162 for period 1/1/69 - 12/31/69. (Application submitted as a request for 3 year's support - 1/1/69 - 12/31/71. Total requested for 3 years - \$2,263,285 (D.C.)

July, 1969

- Site visit (preoperational): Anne Pascasio, PHD, RMP Review Committee, Bruce W. Everist, M.D., RMP National Advisory Council, Desmond O'Doherty, M.D., Consultant.
DRMP Staff: Dr. Manegold, Associate Director for RMP, Mr. Robert Jones, Chief, Programs Assistance Branch, Miss Dona Houseal, Grants Review Branch.

The site visitors recommended operational status and approval of six of the seven projects; most at a reduced level and for less than 3 years. support.

July - August, 1969

- Committee and Council recommended approval of operational status and approved three of the seven projects (most were reduced in time and amount). Recommended amounts were: 1/1/69 - 12/31/70 - \$490,740 (D.C.), 02; \$482,767 and, 03 - \$555,953 for Core and projects.

Note: Funding of this action is held in obedience pending resolution of Fiscal Year '70 RMP budget.

January, 1970

- Mr. Charles Holland confirmed as Project Director of West Virginia Regional Medical Program (Medical Direction is provided by University of West Virginia Medical Center Staff and Medical members of R.A.G.)

V. CORE STAFF

- A) Core Staff is located in the West Virginia University Medical Center in Morgantown, West Virginia.
- B) Charles D. Holland is Program Coordinator.
- C) As of 12/1/69, seventeen out of thirty budgeted core staff positions are filled.
- D) See Organization Chart of Core next page.
- E) See list of West Virginia RMP Core Staff positions filled, budgeted but currently vacant, and percent of time.

VI. ORGANIZATION

A) Regional Advisory Group

- 1) Composed of 35 members representing 14 organizations and includes five representatives of the public appointed by the Governor.
- 2) Members appointed for three-year terms on staggered basis so that 1/3 of membership may change each year.
- 3) Currently composed of: 18 MD's, 8 other, 4 hospital administrators, 1 D.O., 1 pharmacist, 2 dentists, 1 nurse.
- 4) Requests for memberships first reviewed by Executive Committee with final determination made by 2/3's majority vote of RAG membership.
- 5) Officers of RAG elected by majority vote of RAG membership to serve one year term. Officers may be re-elected for one additional term only.
- 6) Meets quarterly (or more often for called meetings).
- 7) Functions:
 - a) Advises and participates in the implementation of categorical health programs.
 - b) Has full authority to approve all policies, programs, and activities of West Virginia RMP.
 - c) Reviews to approve all project grant proposals.
- 8) Chairman is Dr. Clark K. Sleeth, Dean, West Virginia University School of Medicine.

B) Executive Committee

- 1) Elected by majority vote of RAG and has 7 members. Must include one each from West Virginia Heart Assn., W. Va. Division of American Cancer Society, the West Va. Medical Center.
- 2) No agency or institution may have more than one representative on the Executive Committee.
- 3) Chairman of Executive Committee is elected by the RAG.
- 4) Composition of Executive Committee is reviewed by RAG each year at annual meeting (December or January). A maximum of three changes in membership may be made each year.

5) Meets monthly or more often (on call of Chairman or at request of any three members).

6) Function:

Has authority to act for RAG between meetings (subject to ratification of action by RAG at its next meeting). Executive Committee does not have authority to approve grant proposals or to amend or repeal By-Laws.

C) Project Review Committee

1) Membership proposed jointly by Chairman of Executive Committee, Chairman of RAG and the Program Coordinator. Confirmation rests with RAG.

2) At least 1/3 of Committee must be members of RAG.

3) Function:

a) Responsible for project-review procedures and priority application mechanisms.

b) Conducts individual project review and presents written recommendations to the RAG.

4) Reports to Executive Committee at least three times per year.

D) Planning Committee

1) Membership proposed jointly by Chairman of RAG, Chairman of Executive Committee and Program Coordinator with confirmation by RAG.

2) At least 1/3 of Committee must be members of RAG.

3) Currently has nine members and meets every other month.

4) Reports at least three times a year to Executive Committee.

5) Function:

a) Determines areas of need and recommends priorities for the development of overall program objectives and priorities.

NOTE: There are three sub-committees of the Planning Committee: Research, Demonstrations and Education. The Education Sub-committee has Task Forces on Physician Education, Nursing Education and Dentistry Education.

E) Sub-committee on Research

1) Currently has 5 members.

2) Meets every other month.

3) Reports to Planning Committee.

4) Function:

- a) Is responsible for keeping abreast of the latest innovative approaches in delivering health services for recommendation of possible utilization by WVARMP.

F) Sub-committee on Demonstrations

1) Has 5 members.

2) Meets every other month.

3) Reports to Planning Committee.

4) Function:

- a) Assists in developing guidelines for community continuing education programs that can be related to local needs and priorities.

G) Area Advisory Groups

Note: WVARMP is in the process of developing an area approach toward regionalization. It is their plan to develop nine areas within the Region(State). These will be coterminous with the comprehensive Health Planning Areas. Each will have an area advisory group which will be responsible for determining area needs and priorities and communicating these to the WVARMP staff and RAG.

H) Project Development -- Pattern of Flow

SEE charts attached

WEST VIRGINIA REGIONAL MEDICAL PROGRAM CORE STAFF

Name	Title of Position	Institution Affiliation	Time or Effort % Hours
Charles D. Holland	Director	WVU Medical Center	100
Vacancy	Assoc. Dir.	"	100
Vacancy	Asst. Dir.	"	100
Warren H. Moss	Inform. Officer	"	100
Vacancy	Communic. Specialist	"	100
Joseph Costello	Biostatistician	"	100
David S. Hall	Behavioral Scientist	"	85
Peter P. Gallina	Program Planner	"	100
Garvey Gilmore	Area Liaison Officer	"	100
Phyllis Popovich	Admin. Assistant	"	100
Margo Polen	Research Asst.	"	100
Mrs. Snider	Secretary III	"	100
Starlyn Tamaska	Secretary II	"	100
Susan Rush	Secretary I	"	100
Miss Dinkle	Secretary I	"	100
Vacancy	Secretary II	"	100
Vacancy	Secretary (Field)	"	100

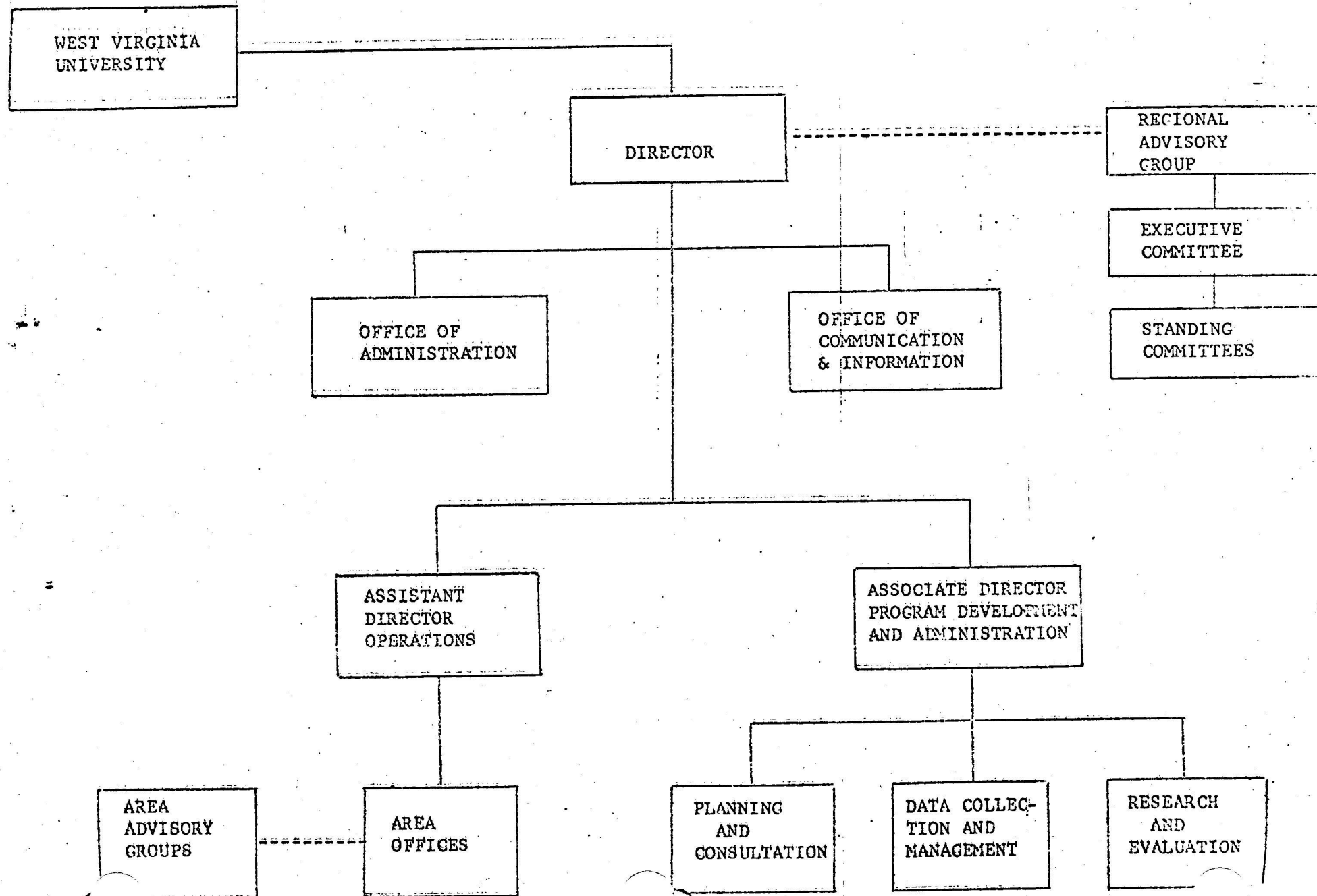
New

Vacancy	Field Representative	"	100
Wayne Dawson	Area Liaison Officer	"	100
Vacancy	Area Liaison Officer	"	100
Vacancy	Area Liaison Officer	"	100
Vacancy	Nurse Coordinator	"	100
Vacancy	Secretary (Field)	"	100
Vacancy	Secretary (Field)	"	100
Vacancy	Secretary (Field)	"	100
Vacancy	Secretary II	"	100

Medical Self-Audit Assistance Project (six months)

Frederick M. Cooley, M.D.	Project Director	"	33
	Part time	"	
Vacancy	Med. Educ. Specialist	"	100
Pamela Mowry	Med. Records Techn.	"	100
Helen Scipio	Secretary III	"	100

ORGANIZATIONAL CHART



PROJECT DEVELOPMENT - REVIEW PROCESS

Establishment of objectives and priorities for the Region by the Planning Committee with approval of RAG. Primary source of input for the Planning Committee is the Area Advisory Groups' communication stating needs in terms of the categorical diseases - heart disease, cancer, stroke, and related diseases - and priorities in terms of prevention, diagnosis and treatment, and rehabilitation.

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Program Staff and RAG Committee Assistance to Projects for implementing approved objectives and priorities.

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Project Review Committee (composed of representatives of RAG committees)

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Review by RAG

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Division of Regional Medical Programs

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REGIONAL
OFFICE

PROGRAM
DIRECTOR

REGIONAL
OFFICE

AREA
OFFICES
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STRATEGY FOR VOLUNTARY COOPERATIVE ARRANGEMENTS

ADVISORY GROUP

EXECUTIVE COMMITTEE

RESOURCE
COMMITTEES FOR
ELIGIBLE
ACTIVITIES

SUPPORT TO RAG
AND COMMITTEES

SUPPORT TO AREA
ADVISORY GROUPS

RESEARCH

DEMONSTRATIONS

EDUCATION

PLANNING

PROGRAM

OBJECTIVES
PRIORITIES

PROJECT REVIEW
COMMITTEE

PROJECTS

AREA ADVISORY
GROUPS
X 9

AREA NEEDS

HEART DISEASE
CANCER
STROKE
RELATED DISEASES

AREA
PRIORITIES

PREVENTION
DIAGNOSIS
TREATMENT
REHABILITATION