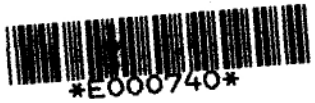
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regional medical programs service

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THE NATIONAL OBSERVER Features "...Better Patient Care Under New Regional Programs"

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The recent feature in The National Observer on Regional Medical Programs in general, and the Wisconsin Regional Medical Program, in particular, is reproduced in this issue for those who may not have had the opportunity to see it.

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Medical Help at the Flick of a Finger

Seeking Better Patient Care Under New Regional Programs

MADISON, WIS.

Pneumonia hospitalized a young boy in Woodruff, a northern Wisconsin community of 500. Suddenly, his condition grew grave. His pulse rate leaped, and after studying X rays, Dr. Henry Ash concluded his patient was suffering heart failure.

This is an uncommon childhood problem to confront a general practitioner. Dr. Ash knew the basics of treating the trouble, but he was foggy on details. He immediately called the Dial Access Library here and listened to a brief, tape-recorded lecture on the latest techniques for countering heart failure in children, including the specific drug dosage to use.

Dr. Ash followed the recommendations. The child recovered. Perhaps without Dial Access, the ending might not have been so happy.

The Latest Medical Information

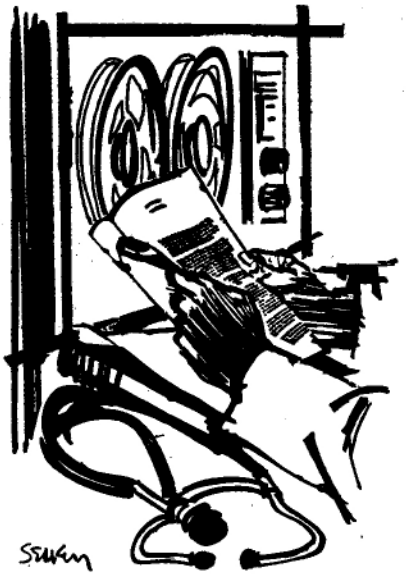
"I'm a country doctor, not a specialist," says Dr. Ash. "There are other places to look up this sort of thing, like textbooks. But Dial Access is faster and more current. Some of the books they have in small hospitals are five years old."

Dial Access is just one among many projects around the country that seek to improve the medical care provided patients. They are operating as part of the Regional Medical Programs, a piece of Great Society legislation enacted in 1965, and one of the better programs is operated here in Wisconsin.

Originally, the Johnson Administration envisioned building a number of regional centers to treat heart disease, cancer, stroke, and related diseases, which account for 70 per cent of the nation's deaths. But opposition from medical groups, which saw the program as a step towards socialized medicine, led Congress to reject the building concept and emphasize local planning and management of projects to aid the ill.

The program now gets high marks from the American Medical Association and other medical groups. "This is not socialized medicine, it is effective medicine," says Dr. Sidney Farber, a noted cancer researcher and former president of the American Cancer Society.

Under the program, the nation is divided into 55 regions. These range in size from a few counties, like Northeast Ohio headquartered in Cleveland, to several states, like Tri-State which is composed of Massachusetts, Rhode Island, and New Hampshire. Forty-four regions are now operating; 11 are still in the planning stage.



Emphasizes Local Control

Each region has a citizens' advisory council, composed of medical and nonmedical community leaders. The council determines what the health needs of its area are, and it must approve all programs before they receive Federal funds. The emphasis is on local control.

"These programs have demonstrated that the Federal Government can become involved in financing projects without managing them," says Dr. John S. Hirschboeck, former dean of the Marquette University medical school in Milwaukee and now program co-ordinator of the Wisconsin Regional Medical Program.

The prime idea is to get recent medical advances to the practicing physician and his patients as fast as possible. Regional medical programs are scoring some successes:

✓ The Washington-Alaska program purchased a $51,000 deep-radiation machine for cancer therapy for Alaska. Before its installation last January, cancer patients in need of such therapy had to fly 1,600 miles to Seattle or some other distant treatment center.

A community drive in the Anchorage area, where the "cobalt bomb" is located, netted $90,000 in funds and services to provide facilities and staff for the machine. Three or 4 patients a day were expected to use the machine; the average is running 13.

✓ The North Carolina program established small, intensive-care units for heart-attack victims in the eight hospitals serving seven remote, mountainous counties in the state's southwestern corner. A direct telephone link at each hospital permits doctors to transmit electrocardiograms at any hour to heart specialists at Bowman-Gray medical school in Winston-Salem for their interpretation.

✓ The California program is active in Los Angeles' Watts-Willowbrook area, ripped by riots in 1965. It is planning seven centers where residents can obtain the same quality medical care they might receive if they lived in Beverly Hills. Patients would make appointments and see the same doctor each time.

"Basically we are trying to get rid of the two-class system of medical care, one for those who can afford to pay and one for those who can't," says Dr. John Mitchell, an assistant professor of community medicine and surgery at the University of Southern California medical school.

Dial Access, one of 16 projects in the Wisconsin Regional Medical Program, is a notable success too. It consists of 306 tapes with five-to-six-minute lectures on the diagnosis, treatment, or prevention of a number of diseases. There are two libraries, open 24 hours, one here in Madison at University Hospitals at the University of Wisconsin and another at Milwaukee County Hospital.

Dr. Thomas C. Meyer of the University of Wisconsin established the first library with 88 tapes in 1966. Wisconsin Regional took responsibility for the project in September 1967 and expanded it. Doctors call the library and ask for the specific tape or tapes they want to hear, selected from a catalog sent them. The regional program pays the phone bill.

In September 1968, the Minnesota and North Dakota regional programs tied into the Wisconsin system. Each region pays the cost of its doctors' phone calls. The Iowa program may hook into Dial Access next year.

The New Mexico, Missouri, and Northwest Ohio programs and the University of Saskatchewan in Saskatoon, Canada, have purchased copies of the entire tape library. The Central New York, Intermountain (headquartered in Salt Lake City), Oklahoma, and New Jersey regions and the University of Nebraska medical school in Omaha have purchased parts of the library.

(Continued on next page)

So successful has Dial Access been that the Department of Health, Education, and Welfare (HEW) has asked Wisconsin Regional to study the possibility of setting up a national or a series of regional tape libraries for use by all American doctors.

Since Wisconsin Regional took over Dial Access, more than 13,000 calls from Wisconsin doctors have been answered. The most frequently played tapes deal with the Rh-negative factor in pregnant women, heart-beat irregularities, and, surprisingly, the doctor as marriage counselor.

"Dial Access is particularly helpful to rural and isolated doctors who don't have the opportunity to discuss problems with their colleagues in bull sessions," says Dr. Hirschboeck of Wisconsin Regional.

Many physicians use the tapes for continuing education. "I like to use the tapes before I go to bed," says Dr. Clyde Siefert of Oconto Falls. "This is the one time of day when I can get my thoughts together. The tapes are brief, come to the point, and have information I can use."

Preparing for Football Season

Dr. William Russell, who doubles as team physician for the Sun Prairie high-school football team, called Dial Access this fall before the season began and listened to the tapes that applied to sports injuries.

Dial Access has a counterpart in Nursing Dial Access, begun in September 1968. This library consists of 68 nursing tapes and about 150 tapes from the doctors' series. The Nursing Dial Access numbers ring regularly in Madison and Milwaukee, averaging more than 1,000 calls a month. Most of the queries come from nurses on duty in hospitals.

One direct result of the program's activities has been a greater co-operation and exchange of information between the state's two medical schools. An example of this is the uterine-cancer project, directed by Dr. Ben M. Peckham at the University of Wisconsin and Dr. Richard F. Mattingly at Marquette University.

The project is designed to improve treatment for women with uterine cancer. But when the two teams began working together, they found they weren't even using a uniform terminology in their research. They solved this problem and also discovered that each school was doing work that the other wasn't aware of.

"It has tied the academic groups together and been a real advantage," says Dr. Mattingly. "From the point of patient care, we know a lot more about what is being delivered."

The uterine-cancer project utilizes a computer for determining more accurately the amount of radiation each patient should receive. And the teams have developed a technique to question patients about their medical histories and to record the results of their doctors' examinations with a computer. This will aid researchers in following the patients to determine how effective the treatments have been and how they might be improved.

The project scored another gain in Dr. Adolf Stafl, a Czech physician who is an expert in the use of the colposcope. After the Russians invaded Czechoslovakia last year, Dr. Stafl came to the United States as an assistant professor at Marquette.

The colposcope is used for internal examinations of the uterus. It permits the doctor to be more precise in his cutting when surgery is required to remove cancer. But the device is not in general use in this country. Under the uterine-cancer project, Dr. Stafl is now training doctors at Marquette, Madison, and the Marshfield Clinic to use the colposcope.

Other Wisconsin Regional projects are confronting the problems of patient care. The nurse-utilization project, just getting under way at a 39-bed unit at St. Mary's hospital in Milwaukee, seeks more efficient and more personal ways to handle patients.

"To many, a patient is just a number," says Janet Kraegel, a registered nurse who heads the project. "We are trying to start with the patient and work outward to see who should provide for the patient's needs."

One study will determine how nurses and other hospital personnel can be used more effectively. "Our whole concept is to have something that is applicable to every hospital in Wisconsin," says Mrs. Kraegel.

—PATRICK YOUNG