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J. SKUBITZ
DISTRICT 5 - PITTSBURGH

KANSAS REGIONAL MEDICAL PROGRAM

The State of Kansas was one of the earliest participants in Regional Medical Programs. Its program, which started July 1, 1966, is now operational and is currently being funded in the amount of \$1,081,479. Dr. Charles E. Lewis, of the University of Kansas Medical Center, is the program coordinator.

The program, in an effort to achieve more involvement of key health leaders throughout the State, is stimulating the formation of local action groups. These "grass-roots" groups will advise the program on all its aspects including planning, project development, and operations.

Several of the operational activities are reaching out from the Medical Center to the communities. These programs include a model community educational program for the training of local medical and paramedical personnel in collaboration with the University of Kansas Medical Center, a study of the quality and availability of medical care in Kansas, and Health Sciences Communication and Information Center which links the health facilities of communities such as Parsons, Emporia and Wichita to the Medical Center.

More information on the Kansas Regional Medical Program follows.

KANSAS REGIONAL MEDICAL PROGRAM

<u>REGION</u>	State of Kansas
<u>COORDINATING HEADQUARTERS</u>	University of Kansas Medical Center
<u>STARTING DATE</u>	July 1, 1966
<u>FUNDING</u>	
<u>Current Award:</u>	\$981,479
<u>Current Requests:</u>	\$1,978,396
<u>Projected Next Year:</u>	\$3,300,000
<u>OPERATIONAL STATUS</u>	Received operational grant June 1, 1967
<u>PROGRAM COORDINATOR</u>	Charles E. Lewis, M. D.
<u>ADVISORY GROUP</u>	1. Chairman: George A. Wolfe, M.D., Dean 2. Membership: Medical Center 4; Practicing Physicians 4; Hospital Administrators 3; Voluntary Health Agencies 2; Public Health Officials 3; Other Health Workers 1; Public 5.

Pre-planning began when it became apparent that the initial legislation would become law. The Dean of the Medical Center, Dr. E. Arden Miller, in consultation with Governor William Avery, began plans to initiate a request for funds for a planning grant. Governor Avery designated the medical center as the official state agency to make application for a grant and he appointed the initial members of the Advisory Council with broad representation from the health fields in Kansas. An application was developed and Kansas received one of the first five grants in the nation.

Organization and Staffing

The central professional planning staff now totals nine people with a much larger number involved in the operational aspects of the program. Positions filled include an Associate Director of Continuing Education and three Assistant

Directors for Nursing, Health Related Professions, and Institutions and Administration. There are also positions for specialists in library science, computers and communications.

The program has also organized a scientific advisory panel which has no veto power but comments on the merits of proposed projects. The Kansas City Metropolitan area crosses State lines. To facilitate communication and coordination between Kansas and Missouri Regional Medical Programs a special advisory committee has been organized for the area composed of representatives of the two programs.

Regional Advisory Group

The Regional Advisory Group has been a very active one and has held eight meetings since its initial formation. It has expanded recently to include more consumer and public representation. Dr. Lewis has sought to involve the Regional Advisory Group in the development of a program philosophy.

Subregionalization

In an effort to achieve more involvement of key health leaders from throughout the State, the program has formed local action groups in various subregions. These groups advise the program in all its aspects including planning, project development, and operations.

Planning Activities

A number of planning activities have defined needs and led to operational projects which are discussed later. Other studies are underway or planned in health manpower, library facilities, training resources, disease patterns and patient referral patterns. Feasibility studies are being carried out to evaluate coronary care units in Kansas City, determine the needs of occupational and physical therapists for continuing education, and determine the feasibility of a data bank containing pooled data from the Kansas State Board of Health, Blue Cross-Blue Shield, Regional Medical Programs, and various other agencies.

Operational Activities

1. Education Programs--Great Bend, Kansas

To develop a model educational program in a selected community. A full-time faculty, which will be affiliated with the Kansas Medical Center, will be in residence. Included among a comprehensive program are plans for continuing physician and nurse education and clinical traineeships for health related personnel. Studies will be made of community needs, resources, etc.

2. Health Sciences Communication and Information Center

To establish communication linkages vital to education, service, and research programs undertaken by the University Medical Center and remote health care installations. Specific projects will include a physician communications system study, TV teaching studios, electronic linkages, and Medlars search capacity. Among the communities involved in this project are Parsons, Emporia and Wichita.

3. Study of the Quality and Availability of Medical Care

To determine unmet needs for patients, locations, professional education, and working arrangements of physicians and those in the health related disciplines.

4. Hospital Information System and Data Facilities

To conduct studies within the region concerning various aspects of community resources and needs, epidemiologic data, and participation of health care personnel in continuing educational programs. A computer system will be used.

5. Cardiovascular Nurse Training

To develop an in-service training program to prepare nurses with basic physiological knowledge of coronary care, ability to use instruments and equipment in coronary care units, experience in home care, and familiarity with social agencies that can aid in the rehabilitation of patients.

6. Cancer Detection Program--Providence Hospital

To evaluate the strengths and weaknesses of the Cancer Detection Center now operating as an area referral center in Providence Hospital in Kansas City, Kansas. The records of patients will be studied to show effectiveness and yield of test results, type of personnel who have used the clinic and their source of referral, and effectiveness of follow-up.

7. Cardiovascular Work Evaluation

To demonstrate the Cardiac Work Evaluation Unit and show its usefulness for the evaluation and rehabilitation of the patient; to develop an effective technique for showing physicians and the community at large the ability of patients to return to work.

The following projects are contained in the first supplementary operational request. These have not been through the DRMP dual review.

1. Continuing Education for Cardiac Care

Will be centered around St. Francis Hospital, St. Joseph Hospital and the Wesley Medical Center in Wichita.

2. Metropolitan Kansas City Nurse

Retraining Program in the Associated Hospitals of Greater Kansas City.

3. Development of a Kansas Health Data Bank

Utilizing the State Department of Health and the Kansas Hospital Association. Initially the project will make use of the computer facilities at Kansas University in Lawrence.

4. Self-Instructional Centers

A project to expand the use of self-instruction materials developed under the Great Bend project to other smaller community hospitals in the region. The locations for these centers have not been decided upon.

5. Training Program for Detection of Cancer of the Gastrointestinal Tract

Involving both short and long term fellows at the Kansas University Medical Center and the Kansas City Veterans Administration Hospital.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS

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