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Dr. Elwood kicked off the session with the comment that the RMP was an unusual piece of legislation ____________ worded and summed up that this was conducive for innovation and creativity. Others felt that it was for ________________. We would like to today find out what is working for the respective programs or what is not working for them and what are their expectations. The program is presently under analysis or the premises on which it was established and the problem of health physician obsolescence. Dr. George D. Johnson of Spartanburg, South Carolina felt that there was a disparity between the physician and research is not as great as the disparity between education and the people that demand medical care. The average physician does not deal with the heart, cancer, stroke aspects as much as others. Need to spend more time on the education process and the aid of medical students to circulate among the poor classes to educate. He feels that there is a matter of apathy, ignorance and indifference in the patient population. Dr. Clifford Grueley of Cincinnati, Ohio felt that there was a problem of identifying the questions to be asked in the area of heart disease, cancer, and stroke creating more challenging, continuing education courses might be a tool for identifying these problems. Dr. Elwood asked the question is there any attempt to bridge the distance gap. Dr. George Johnson again felt that the general practitioner is required, in most medical schools, to take so many hours of postgraduate courses. This group has done the most to keep abreast of the times. The guy who has to see 75 patients a day--not because he wants to but because he has to--is being neglected and is hard to reach. Dr. Leonard Policoff of Albany, New York found that there was a lack of information in the physician population--not because of their desire but because they were swamped. They plan to set up an ongoing learning center--if they become operational in the community which the physician can go to at his convenience to find an answer to a question on a particular problem. Dr. Lee A. Christoferson of Fargo, North Dakota felt that most areas have kept the physicians informed but there is a distance problem--they do not

enough developed so that he can use these facilitiesx to the fullest of his training. The quality of the lab at his disposal has not been the best. Lines of x referral x should be clearly delineated--to develop better cooperation among the medical facilities as they presently exist and this ____________ feels that the regional medical programs will accomplish one of the many things. Dr. Elwood asked if anyone xx had set up a method of evaluating the physicians for effectiveness. Dr. Christoferson asked the question is this censorship of who is qualified to do this. Dr. Grueley hoped that the texmxXmedicalxpeople paramedical people would address themselves to the problem in their area and that they will set up the Guidelines and they will in essence be ____________. Dr. Elwood felt that the program is helping to fill the knowledge gap but what he is hearing at the present time does not support this. Dr. William O'Bryan of WICHE indicated that theyxwerexusingx we are using public tax money and jthat first they ought to make a survey of medical facilities to see if there is actually a knowledge gap--information vs. education. In information we can inform the physician but the physician will have to use this information to educate himself. He also felt that the trauma is quite as important as x heart, cancer, stroke--these people are not as well informed as they could be. Mrs. Edith B. Jones of Bethesda, Maryland felt that the use of the medical group to determine the areas