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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT

TO : Deputy Director
Health Resources Administration

DATE: January 29, 1975

FROM : Acting Director
Division of Regional Medical Programs

SUBJECT: Arthritis Conference - developing arthritis program followup, and extricating DRMP from the earmarked pilot arthritis activity.

Last October, we requested HRA approval to convene a conference of the people conducting approved DRMP pilot arthritis programs, and allocation of funds to help support the conference. While HRA funds were not available, approval for the conference was granted and it was held in Kansas City, Missouri, on January 19-20, 1975. This memorandum reports how the conference approval was exercised, and perhaps more importantly, provides a case history on the development of central office stimulation of grant program cooperative efforts of the kind envisioned under the RMP mandate, but rarely achieved in the press of other ongoing activities.

Authority for the arthritis initiative was provided in a one-year earmark of up to \$4.5 million in the 1974 RMP appropriation. Guidelines for pilot arthritis program grant applications were issued on February 21, 1974, and the submitted due date was May 6, 1974. Forty-three RMP's submitted arthritis applications for a total of \$15.9 million, in addition to their regular RMP requests in the same period.

After technical review by the Arthritis Ad Hoc Review Committee, and with recommended approval of the National Advisory Council on Regional Medical Programs, at its June 1974 meeting, 27 RMP's were allocated earmarked arthritis funds to undertake approved activities, and an additional four (4) RMP's were authorized to undertake approved arthritis activities up to their approved amount, to the extent that other existing RMP funds were available. Two (2) of the latter RMP's (Tennessee Mid-South, and Washington/Alaska) identified other available funds for approved arthritis activities. Thus, 29 RMP's have undertaken pilot arthritis programs, 27 with grants of earmarked arthritis funds (\$4.3 million), and two (2) with other funds (.16 million).

The recommendations of the Ad Hoc review committee, all of which were ratified by the Council, included requests that the pilot arthritis initiative be provided coordination so as to produce a national perspective, and that program reporting be established, along with mechanism for information exchanges, and overall program evaluation. In seeking to explore arthritis program followup alternatives, we solicited RMP suggestions and recommendations in September. A majority of those responding urged that a conference, be convened, and that information exchange and program assessment mechanisms be developed.

These requests were the basis for our appeal to HRA in October, since under a court order releasing impounded RMP funds, we were required to allocate all of the funds to the RMP's. We have been without funds to support central activities since last year, and personnel losses associated with DRMP phase-out have removed our capacity to conduct effective program evaluation.

On November 11, DRMP requested the 29 funded RMP's to provide a summary of each funded arthritis project to facilitate information exchanges among project, and program directors. A copy of these summaries is under Tab F.

To seek an alternative way to respond to the Regions' suggestions, a group representing organizations concerned with the pilot arthritis program met briefly in Chicago on November 17. A staff report on this meeting is included under Tab A. In summary, it was agreed to convene an arthritis conference at an early date under the sponsorship and funding of the 29 participating RMP's, the Arthritis Foundation, the American Academy of Orthopaedic Surgeons, and the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD). The NIAMDD was unable subsequently to allocate funds to the conference. For its part, DRMP agreed to provide staff for the conference secretariat function through Mr. Matthew Spear, Public Health Advisor, who has headed the arthritis activities since their inception.

On November 21, the proposals were discussed with, and acceded to, by the Steering Committee of the National Association of Regional Medical Program Coordinators (NARMPC). On November 23, Mr. Spear participated in a one-day, arthritis conference of eight (8) western RMP's, chaired by Dr. Satoru Izutsu, Executive Director, Hawaii RMP. Dr. Izutsu was designated by the Chairman, NARMPC Steering Committee to coordinate arthritis activities of the western RMP's.

The National arthritis conference was scheduled for January 19-20, 1975, Kansas City, was selected as the conference site as providing lowest aggregate travel and lodging costs, and association with a very active arthritis program (Kansas RMP).

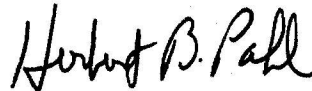
An interim, in-house report on the conference has been submitted by Mr. Spear, and we are enclosing his report under Tab B, for your information. Under Tab C, is the Conference Charge, which was presented during the opening conference ceremonies by Mr. Spear, in the absence of Dr. Robert Brown, Coordinator Kansas, RMP.

Attendance at the conference was 110 persons, including Coordinators and/or staff of the 29 RMP's with funded arthritis programs, arthritis project and program heads, and some of their staffs (including allied health personnel), heads of local arthritis Chapters, representatives of the sponsoring professional societies, and two (2) Federal employees, Dr. Lawrence Petrocelli, NIAMDD, and Mr. Spear.

Under Tab D is a letter from Dr. Gordon R. Engebretson (see also Tab C material), who participated as a representative of the NARMP Program Accountability Reporting Group (PAR), indicating that arthritis program reporting may soon be underway.

A list of RMP's conducting pilot arthritis programs is under Tab E.

We will forward a copy of the official conference report when it is completed. We will be pleased to answer any questions you may have on this matter



Herbert B. Pahl, Ph.D.
Acting Director
Division of Regional Medical Programs

Enclosures