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Grants for Regional Medical Programs

	<u>1968 Estimate</u>	<u>1969 Estimate</u>	<u>Increase or Decrease</u>
Grants for regional medical programs.....	\$48,900,338	\$93,800,000	+\$44,899,662

Introduction

Grants are awarded to assist in the planning, establishment and operation of Regional Medical Programs for research and training (including continuing education) and for demonstrations of patient care in the fields of heart disease, cancer, stroke and related diseases.

In the two and one-half years since the President signed the Act, broadly representative groups have organized themselves to conduct Regional Medical Programs in 54 Regions using functional as well as geographic criteria. These Regions encompass all of the Nation's population and include combinations of entire states (e.g. the Washington-Alaska Region), portions of several states (e.g. the Intermountain Region which includes Utah and sections of Colorado, Idaho, Montana, Nevada and Wyoming), single states (e.g. the Georgia Region), and portions of states around metropolitan centers (e.g. the Rochester Region which includes the city of Rochester, N. Y. and 11 surrounding counties). Within these Regional Programs, a wide variety of organization structures have been developed in addition to the Regional Advisory Group required by the Law. These include executive and planning committees, categorical disease task forces, and community and other types of sub-regional advisory committees to coordinate cooperative arrangements among the Regions' health resources.

These regional cooperative arrangements, among representative health resources are a necessary step in bringing the benefits of scientific advances in medicine to people wherever they live in a Region. It enables patients to benefit from the inevitable specialization and division of labor which accompany the expansion of medical knowledge because it provides a system of working relationships among health personnel and the institutions and organizations in which they work. This requires a commitment of individual and institutional spirit and resources which must be worked out by each Regional Medical Program. It is facilitated by voluntary agreements to serve, systematically, the needs of the public as regards the categorical diseases on a regional rather than more narrow basis.

Regions first receive planning grants from the Division of Regional Medical Programs, and then may be awarded operational grants to fund activities planned with initial and subsequent planning grants. These operational programs are the direct means for Regional Medical Programs to accomplish their objectives. Planning moves a Region toward operational activity and in concert with evaluation, is a continuing means for assuring the relevancy and appropriateness of operational activity. It is the effects of the operational

activities, however, which will produce results by which Regional Medical Programs will be judged.

On November 9, 1967, the President sent the Congress the Surgeon General's Report on Regional Medical Programs submitted to the President through the Secretary in compliance with the Act. In preparation for this Report suggestions were sought from the 600 participants in a National Conference on Regional Medical Programs held in January 1967. Proceedings of this Conference were published recently. The Report details the progress of Regional Medical Programs and recommends continuation of the Programs beyond the June 30, 1968 limit set forth in the Act. The President's letter transmitting the Report to the Congress said, in part: "Because the law and the idea behind it are new, and the problem is so vast, the program is just emerging from the planning state. But this report gives encouraging evidence of progress--and it promises great advances in speeding research knowledge to the patient's bedside." Thus, in the final seven words of the President's message, the objective of Regional Medical Programs is clearly emphasized.

#### Program for 1968 and 1969

Two types of grants are authorized by the enabling legislation - planning and operational grants.

The achievement of any one objective of a Region may require a combination of activities, such as research, specialized training of allied health personnel, continuing education of physicians, experimentation to find the best methods to achieve desired results, and demonstration of the most efficient patient care. The law does not allow support of isolated projects, however meritorious, whether they be in continuing education, research, patient care demonstrations or training. As a result, a Regional Medical Program is not a collection of individual projects and represents far more than the sum of the parts. It is the linking together of these activities to accomplish the objectives of the Act through cooperative arrangements and interrelationships intended to improve care within a Region of all suffering from heart disease, cancer, stroke and related diseases.

Acceptance of the challenges posed by Regional Medical Programs is well demonstrated by the activities of Regions. One Region, faced with the not uncommon situation of a large number of hospitals wanting to establish coronary care units, was initially concerned with the mechanics of building and equipping such units. Their attention shifted, however, to a consideration of how the Region might give the best diagnosis and treatment to all patients with myocardial infarction. What started as an emphasis on hardware in hospitals developed the potential of bringing the best talent in a Region together to consider a number of critical problems, including the need for trained manpower, the need for specialized resources in a community hospital, and the need to document for evaluation purposes what emerges from a possible dramatic change in the care of patients within a Region.

Another Region, finding itself with a number of small hospitals already having established coronary care units, has turned to the difficult but necessary task of studying the effectiveness of these small units, and the cost/benefit realities of such units in small hospitals.

Even the problems surrounding continuing education and training of health manpower forces Regional Medical Programs to consider other major issues. One Region has within it an expensive and excellent facility for the production of audio-visual materials, such as color motion picture films and television tapes. Because of the need for such materials by that Region, the production facility and the Region are working cooperatively. But attention has shifted from the mechanics of the production and distribution of teaching aids to the need for the determination of the proper content and use of such materials in teaching programs. The Region and the producer have jointly begun to study these problems in the specific terms of educational needs. In addition, they have recognized their unique ability to conduct such a study, which promises benefits to all regions.

On the other side of the country, a Region unable to produce its own audio-visual aids has decided to define carefully its need for program materials, and only then to secure them from a neighboring region. In these ways, inter-regional cooperative arrangements are being structured in order to solve elaborate hardware problems. The point to be made, however, is the switch from primarily a hardware problem to the larger issue of the proper use of educational aids within a program.

Many additional activities with great promise for achieving the objectives of the program were described at a Conference-Workshop held in January 1968. Over 700 persons involved in Regional Medical Programs attended and exchanged ideas and reports of progress through over 60 papers and numerous exhibits. The proceedings of the Conference-Workshop have just been made available.

Fiscal Year 1969 will be the first year of this program under new legislation, following an initial two and one-half years under the original "Heart Disease, Cancer, and Stroke Amendments of 1965". During the initial period, this appropriation has supported the establishment of 54 regionally-based programs devoted to planning activities. Of these, 24 will have initiated or will have qualified for operational programs based on cooperative efforts, to reduce the illness, disability, and premature deaths caused by these and related diseases. These programs already involve nearly every medical school in the country, research centers, hospitals, physicians, voluntary and public health organizations, allied health personnel and their representative societies, and others.

In 1969, in addition to planning activities in 54 Regions and operational programs in 24 Regions, it is expected that an additional 30 Regions will have initiated or qualified for operational activities. The specific activities now supported under Regional Medical Programs grants are as varied as the Regions themselves, and bear the stamp of imaginative response to local health needs that can only emerge through regional fact-finding, planning and decision-making.

As substantial as this beginning is, it is only a beginning. As the foundation for action has been established, the extent of the challenge has also emerged more clearly. Since this program was first proposed three years

ago, the threats of heart disease and stroke have remained strong and still resistant to human skill and inventiveness. In these two and one-half years it has also become more apparent that the solution of these and other major health problems will require significant improvements in the organization and delivery of health services. Therefore, the great promise of Regional Medical Programs for the coming years lies in their demonstrating how medical capabilities can be more effectively organized to help solve these problems through new patterns of collaboration of all available health resources.

Ultimately, the overall success of any Regional Medical Program must be judged by the extent to which it can be demonstrated that the Regional Program has assisted the providers of health services in developing a system which makes available to everyone in the Region the best care for heart disease, cancer, stroke and related diseases.

Of the \$93,800,000 available in 1969, \$62,900,000 represents new obligational authority. An amount of \$24,000,000 is needed to meet continuation requirements for grants awarded prior to the February 1968 Council. Applications totalling \$14,500,000 will be presented to the February Council for review. Approximately \$8,000,000 in new commitments for 1969 is anticipated as a result of Council action. We have in hand and have been informed by the Regions that applications in the amount of \$28,900,000 will be presented to the May Council and it is anticipated that an additional continuation commitment will result in the amount of \$15,000,000.

In summary, total continuation commitments are \$47,000,000, leaving \$46,800,000 available for support of 30 new operational awards as well as supplemental support of the initial 24 operational grants expected to be awarded by June 30, 1968.

It should be noted that the initial operational award represents the first step of operational activities designed to accomplish the objective of P.L. 89-239.

April 24, 1968

Division of Regional Medical Programs

Status of Grant Funds  
(In thousands)

Funds available:

FY 1967/68 funds.....	\$25,900	
FY 1968/69 funds.....	<u>23,000</u>	
Total.....		\$48,900

Less:

Obligations thru 4/15/68.....	23,734	
February Council approvals.....	1,073	
Anticipated 4th quarter continuations.	4,425	
Anticipated May Council actions.....	<u>13,706</u>	<u>1/</u>
Estimated obligations.....		<u>42,938</u>
Anticipated unobligated balance as of 6/30/68.....		<u>5,962</u>
		<u>B/</u>

1/ Represents \$11,506,105 favorably recommended by Review Committee to May Council, plus \$2,200,000 of "Earmarked" funds, favorably recommended by Council Sub-committee.

B/ Represents 1968/69 funds available for carry-over. This amount will be needed to fund hold-over business going to August Council. It is estimated that approximately \$7,000,000 will be required to fund all hold-over business.

April 17, 1968

Division of Regional Medical Programs

Status of Grant Funds  
(In thousands)

	<u>1967/68</u> <u>Funds</u>	<u>1968/69</u> <u>Funds</u>	<u>Total</u>
Funds Available.....	\$25,900	\$23,000	\$48,900
Obligations thru 4/15/68.....	20,294	3,440	23,734
February Council Approvals....	1,073	...	1,073
Anticipated Fourth Quarter Continuations.....	<u>4,425</u>	<u>...</u>	<u>4,425</u>
Subtotal, obligations....	<u>25,792</u>	<u>3,440</u>	<u>29,232</u>
Available for May Council.....	108	19,560	19,668

Applications to April Review

April 17, 1968

<u>Applications Previously Reviewed:</u>	<u>1st-Year Funding</u>	<u>Total Funding</u>
<u>Planning - New--</u>		
Puerto Rico (65).....	\$246,307	\$495,475
<u>Planning Supplemental--</u>		
Syracuse (50).....	<u>186,886</u>	<u>186,886</u>
Subtotal, planning.....	<u>433,193</u>	<u>682,361</u>
 <u>Operational - New--</u>		
New Mexico (34).....	924,279	2,637,180
Syracuse (50).....	<u>352,718</u>	<u>1,357,130</u>
	1,276,997	3,994,310
 <u>Operational Supplemental--</u>		
Missouri (09).....	1,064,654	3,399,403
Missouri (09).....	187,164	396,650
Utah (15).....	<u>669,558</u>	<u>1,515,658</u>
	<u>1,921,376</u>	<u>5,311,711</u>
Subtotal, operational.....	3,198,373	9,306,021
 <u>Total, previously reviewed.....</u>	<u>3,631,566</u>	<u>9,988,382</u>
 <u>Applications, Rec'd to date, April Review:</u>		
<u>Planning - Supplemental--</u>		
Arizona (55).....	119,839	119,839
Northlands (21).....	496,928	1,216,868
Ohio State (22).....	1,262,388	1,983,590
Maine (54).....	163,010	163,010
Oregon (12).....	<u>34,408</u>	<u>68,303</u>
Total, planning.....	2,076,573	3,551,610
 <u>Operational - New--</u>		
Texas (07).....	3,470,777	6,231,003
California (19).....	3,488,098	12,213,965
South Carolina (35).....	1,945,913	7,215,253
Michigan (53).....	2,340,266	7,110,555
Georgia (46).....	1,969,837	9,396,847
Memphis (51).....	1,595,179	5,801,335
Iowa (27).....	1,173,737	6,155,657
Connecticut (08).....	3,696,657	23,936,091
Maine (54).....	<u>369,761</u>	<u>1,464,188</u>
Subtotal, new operational.....	20,050,225	79,524,894
 <u>Operational - Supplemental--</u>		
Kansas (02).....	1,531,725	7,155,073
Rochester (25).....	496,214	4,171,410
North Carolina (06).....	348,935	998,894
Oregon (12).....	443,060	1,228,335
Wisconsin (37).....	177,249	468,269
Missouri (09).....	261,615	1,415,580
California (19).....	805,758	2,649,920
Intermountain (15).....	<u>616,115</u>	<u>1,184,112</u>
Subtotal, operational supp.....	4,680,671	19,271,593
 Subtotal, operational.....	<u>24,730,896</u>	<u>98,796,487</u>
 <u>Total, new requests for April Review.....</u>	<u>26,807,469</u>	<u>102,348,097</u>
 <u>Total requests to April Review.....</u>	<u>30,439,035</u>	<u>112,336,479</u>

OPERATIONAL GRANTS AWARDED AS OF APRIL 12, 1968

	<u>Period of Performance</u>	<u>01 Awarded</u>	<u>01 Pending</u>	<u>02 Committed</u>	<u>03 Committed</u>
Kansas (02).....	6-1-67/5-31-68	699,852	1,978,396	1,000,000	...
Albany (04).....	4-1-67/3-31-68	921,510	...	757,500	...
North Carolina (06)...	3-1-68/6-30-69	1,485,341	348,935	1,347,840	1,195,134
Missouri (09).....	4-1-67/3-31-68	2,887,903	...	3,385,056**	...
Oregon (12).....	4-1-68/3-31-69	221,191	443,060	166,706	174,204
Western New York (13).	3-1-68/2-28-69	357,761	...	177,282	180,243
Intermountain (15)....	4-1-67/3-31-68	2,038,123	...	1,542,272**	333,576
Tenn. Mid-South (18)..	2-1-68/1-31-69	1,630,304	...	1,500,000	1,500,000
Rochester (25).....	3-1-68/2-28-69	343,749	496,214	224,963	232,566
Metro.-D. C. (31).....	3-1-68/2-28-69	418,318	...	293,615	123,210
WICHE (32).....	3-1-68/2-28/69	206,913	...	150,666	153,306
Wisconsin (37).....	9-1-67/8-31-68	630,149	25,154	163,968	55,404
Wash.-Alaska (38).....	2-1-68/1-31-69	1,032,003	...	796,861	...

\*\* Awarded

April 17, 1968

NATIONAL INSTITUTES OF HEALTH

Regional Medical Programs  
(In thousands)

	<u>1967</u> <u>Actual</u>	<u>1968</u> <u>Estimate</u>	<u>1969</u> <u>Estimate</u>
Funds available.....	\$31,952	\$48,900*	\$93,800**
Obligations.....	<u>27,052</u>	<u>48,900</u>	<u>93,800</u>
Unobligated balance carried forward.....	4,900	.....	.....

SUMMARY OF GRANT OBLIGATIONS

			<u>Cumulative Obligations</u>
<u>FY 1966</u> - Planning grants	7	<u>\$2,066,419</u>	
<u>FY 1967</u> - Planning grants	41	18,053,200	
02-year	(10)	2,328,575	
Operational grants	4	<u>6,669,733</u>	
		<u>27,051,508</u>	\$29,117,927
<u>FY 1968</u> - Planning grants	5	1,841,256	
Supplements	(15)	2,513,833	
02-year	(28)	8,121,909	
Amendments	(3)	126,736	
Operational grants	9	6,148,752	
Supplements	(5)	431,380	
Amendments	(1)	-376,748	
02-year	(2)	<u>4,927,328</u>	
		<u>23,734,446</u>	52,852,373 (4/12/68)

\* Includes \$21,000,000 carried forward, in addition to \$4,900,388.

\*\* Includes \$30,900,000 carried forward.