E000660

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

Memorandum

NIH-OD-OPP

DATE: December 31, 1964

TO : Dr. James M. Hundley
Assistant Surgeon General for Operations, PHS

FROM : Chief, Office of Program Planning, OD, NIH

SUBJECT: NIH Comments on Draft Specifications for a National Heart Disease, Cancer, and Stroke Program

In our telephone conversation this morning, during which I transmitted in rough fashion the NIH comments on the draft prepared by Dr. Dempsey, I promised to send you our suggested revision of this draft. The attached revision indicates, through the use of underlining and brackets, the changes made in the original draft. Since the time for review has been so short, these revisions still represent a limited effort to come to grips with the many complexities of this proposed program.

I would also like to reiterate some of our general concerns which I expressed this morning. We feel that there needs to be some additional clarification of the perimeters of the program in terms of the limits of authority being sought. The relationship of the services provided in the diagnostic and treatment stations to the normal medical services in the community is uncertain in the draft and provides a source of future controversy if the definitions are not sharpened. The draft does mention in several places the intention that the financing of patient care would be done through present mechanisms except where clearly related to clinical research. The general language of the proposal ought to be made more consistent with this indication of the limits of the functions of the diagnostic and treatment stations to be financed by Federal funds.

We are also unclear about the relationship of this program to the present categorical programs supported by NIH and to the councils which review those programs. Should the categorical research centers to be established as part of the network be subject to review by the appropriate categorical advisory council? The report of the President's Commission seems to indicate that the categorical councils would be involved in the review of applications involving the establishment of such centers.

Since the proposal involves the financing of a network which includes a medical school, there needs to be some specific expression in this proposal of the intention of financing only those medical school expenses which are necessary for the establishment and maintenance of the network. This statement should make clear that general support of the medical school and development of additional medical centers of high quality would be provided through other mechanisms.

The specifications for applications, as listed on pages 4 and 5 of the proposal, are quite detailed and seem to be concerned primarily with the actual establishment and maintenance of a network. A number of the items listed for inclusion in an application would seem to us to be the logical product of the initial planning grant. For this reason we believe that it would be advisable to provide a different set of specifications for an initial planning grant application. A major purpose of the planning grant might be to provide financing to the grantee for the initiation and conduct of the extensive planning activities which would be inherent in the development of the complex applications for support of the network.

We hope that we will have the opportunity to comment on subsequent drafts of specifications for this program as well as the draft bill produced by the Office of the General Counsel. Since the deadlines are so tight, we will be glad to come down to the Office of the Surgeon General to look over the proposals if time does not permit you to send us a copy.

Joseph S. Murtaugh

Attachment

REVISED NIH-OD-OPP
DRAFT 12/31/64

NATIONAL HEART DISEASE, CANCER, AND STROKE PROGRAM

Description

Purpose

The program shall have as its purpose the development of networks of research, service, and training programs in the fields of heart disease, cancer, and stroke, so as to increase the access to high quality health services for the diagnosis and treatment of these diseases, to enhance the potential for medical research and to enlarge the nation's capacity for education and training in the health professions.

This purpose shall be pursued through a grant program to university medical centers or other public or private nonprofit agencies to assist them in planning, establishing, and maintaining /operating/ regional networks of /coordinated and/ cooperating institutions for the conduct of clinical research, training, and for improving and extending facilities and services available for the diagnosis and treatment of persons with heart disease, cancer, and stroke.

Definitions

1. A Network (medical complex) shall comprise a medical center, categorical research center(s), and diagnostic and treatment stations for cancer, heart disease, and stroke, related through specified functional arrangements for interaction between each of the elements with respect to clinical research, training, and the provision of services for diagnosis and treatment within a geographical area, and conforming with appropriate area, State, or regional health planning.

2. A Medical Center shall consist of a medical school and one or more teaching hospitals affiliated for teaching, research, and demonstration purposes. /in an administrative and functional relationship./ .

3. A Categorical Research Center shall refer to an institution or part thereof encompassing a /or/ program specifically designed for research, /and/ training, and demonstration referable to heart disease, cancer, or stroke.

4. A Diagnostic and Treatment Station shall refer to a unified aggregation of /focal point for/ highly technical equipment and personnel located in nonprofit or public hospitals or other health facilities that are components of the medical complex (specified in 1 above) and having the capability of providing /skill for/ highly sophisticated facilities and services for the diagnosis and treatment of heart disease, cancer, or stroke. The activities of these stations shall be limited to those specialized technical services and consultation which support and augment local capability.

5. A Region shall refer to a State, parts of a State, more than one State, or parts of more than one State (such as a metropolitan area) comprising a cohesive geographical area for the maintenance of a network.

Legislative Specifications

1. Authorize a 5-year program of project grants to university medical centers or other public or private nonprofit agencies to assist them in planning, establishing, and maintaining /operating/ regional networks of coordinated and cooperating institutions for enlarging and improving activities

concerned with research, training, diagnosis, and treatment in heart disease, cancer, or stroke.

2. Authorize funds to cover all necessary additional costs for planning, constructing, renovating, equipping, staffing, and administering the network. It will not cover patient care costs other than those incurred in association with clinical research training and demonstration activities.

3. These grants shall have two components, as follows:

a. Initial grant (up to 2 years duration) to support the development of the plan for the network.

b. A subsequent grant for the establishment and maintenance /operation/ of a network which may include funds for (1) construction and renovation of facilities, professional and technical personnel, purchases of supplies and equipment, and those /exceptional/ expenditures for patient care related research and demonstration activities and administrative costs, and (2) general support for clinical research in the categorical areas of heart disease, cancer, and stroke.

4. Any application for a grant for the establishment and maintenance of a network must provide for documentation of the:

a. Geographical areas and population of the region to be served by the network (medical center complex);

b. Names and locations of the cooperating institutions or organizations in which /such/ categorical research centers or diagnostic and treatment stations will be located;

c. Relationship of the proposed network and its constituents to regional, State, or local planning for health services;

d. Description of existing and planned relationships between the medical complex and its constituent units with other community health resources, including private practitioners;

e. Description of programs of research, /and/ training, and demonstration to be undertaken within and by the various units of the medical complex;

f. Statement of methods to be followed, including continuing education, to maintain and improve the quality of patient care within the network and the area or region in which it is situated;

g. Description of an operational plan for the time-phased implementation of the medical center complex and assurances for its continued function subject to the availability of continued Federal funds;

h. Description of criteria for admission to and discharge of patients from each of the constituent units in the network;

i. Description of the mechanisms to be undertaken to insure that grant funds will not be substituted for third party, vendor, or indicidual patient payments for services not associated with research, teaching, and demonstration activities.

5. Provide for a /that the/ National Advisory /Health/ Council to guide the formulation of policy, review applications, and recommend action to the Surgeon General.

6. Provide for an evaluation of the program at the end of five /three/ years with recommendation to Congress for extension or modification of the legislation.

7. Authorize appropriations as follows:

1st year	$75 million
2nd year	100 million
3rd year	200 million
4th year	400 million
5th year	400 million