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Draft Opening Statement

Mr. Chairman and Members of the Committee:

I am pleased to come before this Committee today to support the extension and amendments to the Heart Disease, Cancer, and Stroke Amendments of 1965 embodied in H.R. 15758 introduced by the distinguished Chairman of this Committee, Representative Staggers. H.R. 15758 will extend the Regional Medical Programs through Fiscal Year 1973 and will clarify certain aspects of the program.

You will recall from your consideration of this legislation in the summer of 1965 that it was introduced as a result of the findings of the President's Commission on Heart Disease, Cancer, and Stroke. The Commission Report emphasized not only the heavy death toll of these three diseases, but also the fact that they cause enormous disability, suffering, and economic distress throughout this land. The Commission also found that medical science has created the potential to reduce these tolls but that this potential was not being realized for many of our citizens. I am sure you will recall that this Committee played a major role in clarifying both the nature of the program and the direction in which it was to go in meeting this challange. Our job and our hope today is to provide you the information on our progress to date which will confirm your judgments of three years ago, and at the same time provide the base on which to justify extension of the program without major modifications.

The basic objective of this program is simple--to assure that the people of this Nation, wherever they may be, will benefit from the advances of medical science against the threats of heart disease, cancer, stroke, and related diseases. But achieving this goal is not simple. It requires a cooperative effort involving all our health resources--manpower, institutions, organizations. It requires a concern not only for the development and maintenance of high quality health care but for the wider distribution of that quality care to people in need. It requires imagination and administrative skill to introduce into our health care system the advances of medical science and technology. And it requires the development of means to improve the efficiency of health facilities and manpower so that the rise in health care costs does not undermine our ability to reach the objective.

I am pleased to be able to report to you today that the Regional Medical Programs have made a substantial and impressive beginning toward the accomplishment of the goals set forth by this Committee in the original legislation. But it is only the beginning, and we have come to you to request that you help bring to fruition this unique and promising venture by approving the extension of the legislation.

The progress already made justifies our expectation that this program can significantly advance the effectiveness and quality of medical care available to those who suffer from these diseases. The

progress of this goal is occurring in the field--among the 54 regions now planning Regional Medical Programs for the total population of the country, and in the 11 regions which already are conducting operational activities. The actions taken by this Committee in approving the original legislation assured that this program would be a community based program--the responsibility for planning and organizing the operation of the program belongs to the region, not to the Federal Government. The regional approach recognizes the diversity of needs, resources, and talent that characterize this Nation and the necessity of involving health resources at the local level in the planning and development of cooperative action programs.

Despite the very early stage of the program and the magnitude of the task, there is an overwhelming consensus that certain important goals of the program are indeed being achieved with unexpected rapidity. The program is bringing together diverse groups in the health field in an unprecedented fashion and in a manner that results in a consideration of needs, not of the individual institutions, but the unfilled health needs of that region. The program has been successful, despite the present shortage of manpower, in recruiting throughout the Nation individuals of great talent willing to make firm career commitments to achieving the goals of the program. The programs have earned the support of the major health resources, professional and voluntary, both at the national and regional levels. They have helped to overcome hostilities and divisions existing in some cases for generations.

These accomplishments are important because they are prerequisites to the voluntary cooperative effort on which the programs are based. This initial effort is directed toward the planning and establishment of what the law calls "regional cooperative arrangements" among health institutions, organizations, and personnel. The broad scope of the program enables these regional groups to assess thoroughly the needs and opportunities within their region and to determine the specific steps that can be realistically undertaken to improve the diagnosis and treatment of these diseases. By viewing these problems from a regional perspective, they are able to plan for the most efficient use of specialized resources for service or training and to encompass the appropriate contributions of the entire array of existing personnel and resources, from the largest medical center to the isolated rural physician. The regions have found that many different types of activities can contribute to their objectives such as demonstrations of advanced diagnostic and patient care techniques, training and continuing education of health personnel, development of communication and patient data networks, application of computer and other modern technology to health care, and research into better means for organizing and delivering advances in health care. All activities are being developed as contributors to evolving regional patterns of improved health capability--regionally planned and implemented after approval by a broadly representative regional advisory group.

Let me illustrate with a few specific examples from Regional Medical Programs.

The Texas Regional Medical Program is combining the efforts of the medical centers with the community hospitals and local rehabilitation resources to stimulate the introduction and use of advanced rehabilitation techniques previously unavailable except in a few institutions within the region. Beginning with three communities, each in concert with a different medical school, rehabilitation programs tailored to serve patients with heart disease, cancer, and stroke are being developed. Included in these programs are existing public and private rehabilitation units, voluntary organizations, nursing homes, and homes for the aged, as well as community hospitals and cooperating medical colleges. By working together, these institutions will accomplish a task that they could not achieve alone. The real beneficiaries are not the institutions, but the people of Texas.

The Wisconsin region provides another example which shows the complex problem of relating the more sophisticated and advanced activities available in only a few institutions within a region to the broader needs of people of the regon. The Marshfield Clinic has a group especially knowledgeable about thromboembolic diseases. Regional Medical Program funding has allowed this group to establish a unit for the demonstration of the best techniques for diagnosis and nonsurgical management of patients with pulmonary embolism (blood clots in the lungs). Because Wisconsin's death rate from this ailment is higher than the Nation's average, the need for the unit is apparent. The Marshfield Clinic has established referral routes for emergency care of patients suspected of having pulmonary embolism from 5 hospitals in the region. The unit already has treated more than 30 patients, with

results better than the national average--a distinct improvement in patient care. The unit will also serve educational purposes for the entire region, thus multiplying its effects.

Since the patient is the emphasis in Regional Medical Programs, education and training activities are focused on improving both the quality and availability of care. An example of achievements in this area is the program organized in the Tennessee Mid-South Regional Medical Program where there has been a chronic shortage of qualified X-ray technicians. In the past a number of hospitals have mounted programs to fill this need, but the graduates of these programs had difficulty in qualifying for licensure. Through Regional Medical Programs, these hospitals have joined with the Vanderbilt University so that the University provides the educational materials and the hospitals the clinical experience. The strengths of the two are utilized to provide quality training to meet a critical manpower need necessary for quality care in heart disease, cancer, and stroke.

Demonstrations of patient care are also most effective in serving the goals of the programs. For instance, through the Iowa Regional Medical Program, a stroke team with physicians and allied health competence is available for on-site consultation. This unit, taken to the patient, provides specific consultation and comprehensive

education for those responsible for the continuing care of the ill. Innovations and changes in treatment patterns will necessarily result from this cooperation between the health professionals at the grassroots level and the experts in the categorical disease.

Research and experiments play a significant role in Regional Medical Programs. Many of these activities have been directed toward improvements in the organization and delivery of health services. Among the projects undertaken throughout the Nation is that in western North Carolina where 7 small hospitals in as many different communities are testing the feasibility of a common Board of Trustees, of a coordinated program and a single Joint Commission Accreditation of Hospitals approval. Separately, these hospitals, plagued with manpower and facility shortages, face not only an uncertain future but the knowledge that they will have increasing difficulty in maintaining quality patient care. As a result of the Regional Medical Program, these hospitals are now testing the concept of a unique regional hospital organization that can make possible the benefits of modern scientific medicine for the population of this isolated rural area.

I have mentioned just a few of the concrete achievements undertaken in the regions. More than 107 projects such as these examples are being developed throughout the Nation which are making a significant contribution to the improved care of heart disease, cancer, and stroke patients. Within the framework of the Regional Medical Programs, they are not just isolated projects--they are contributing to the evolution of an improved regional system for improving the quality of care in these disease fields.

Now let me summarize the progress since 1966. (Chart I) There has been a rapid increase in the award of grants since the programs initiation. The 53 regions which have now received planning grants include all of the population except Puerto Rico, and an application from that Commonwealth is now being reviewed. Eleven regions have received grants to support their initial operational activities. Fourteen additional regions have submitted applications to initiate the operational phase of their programs. On the basis of information supplied by the regions, we anticipate that virtually all of the regional medical programs will be operational. The first operational grant represents the initial steps of the regional program toward its goals. The full development of the program will usually take a number of years.

I have already mentioned the importance of involving all major health resources in order to assure the successful implementation of these cooperative programs (Chart II) Over 7,000 individuals are now actively engaged in the programs, including the staffs employed by the regional programs, over 1,900 members of the regional advisory groups required by the law who must advise on the development of the programs and approve all operational activities before they can be funded, and members of various subcommittees, task forces, and local action groups, who are contributing their time to assure the involvement not only of the experts in the region but also the health personnel at the grassroots level.

Almost 1,000 medical institutions are participating, including every medical school. We expect that the number of hospitals actively participating will grow substantially in the near future beyond the current 800. The involvement of medical schools and other teaching and research institutions makes possible the development of close and continuous contact between the advances of medical science and the application of those advances in the community.

Almost 800 health organizations are participating, including every state medical society, state health department, state heart association, and state cancer society.

These people, institutions, and organizations are the forces who will carry to fulfillment the high expectations for this program with your support.

In addition to an extension of the basic authorities of the Regional Medical Program, the bill before you contains several amendments to those authorities that should help the regions accomplish their goals more effectively. It also contains a provision that would assure effective evaluation of the accomplishments of the program by providing that up to one per cent of the appropriation for any fiscal year beginning with 1970 may be utilized by the Secretary for this evaluation.

The bill provides that Regional Medical Program grants can be awarded to a combination of Regional Medical Program agencies to accomplish

activities that are proposed by several adjacent Regional Medical Programs. Such activities might involve the joint conduct of activities in population areas which are covered by two Regional Medical Programs, or they might involve the development of joint communication networks or the joint utilization of a common facility.

In addition a new authority is added which would permit the awarding of grants to any public or private nonprofit agency or institution for services which will be of substantial value and use to any 2 or more Regional Medical Programs. These services might include the production of educational materials for continuing education programs, the development of evaluation techniques, or the creation of uniform data-gathering systems. These types of activities cannot always be developed most efficiently on the basis of the needs of a single region since these types of activities can serve the needs of several regions without complete duplication in each region. Several regional medical programs have already proposed activities that could best be carried out through such a multiregional approach. However, in administering this authority the expressed needs of more than one Regional Medical Program would be carefully documented before any such award is made in order to preserve the essential decision-making responsibilities of the region and its regional advisory group. The Act is also amended to authorize the use of Regional Medical Program grant funds to permit the full participation of Federal hospitals in Regional Medical Programs as important medical resources for accomplishing the purpose of the program within the region. This authorization will permit Federal

hospitals to play a role as a community resource. An amendment is included which clarifies that a practicing dentist as well as a physician may refer a patient to a facility carrying out research, training, or demonstration activities which are supported by Regional Medical Program funds. This amendment corrects an unforeseen limitation in the original act, which does not permit referrals by dentists. Dentists can play an important role in such areas as the early identification of oral cancer and should be actively associated with Regional Medical Programs.

The Bill also provides for an increase in the Advisory Council membership, from 12 members to 16. The members of the Council are appointed on a rotating basis. The increasing workload of the Council in reviewing applications and the desirability of the membership reflecting a broad diversity of interests call for an increase in the Council membership if it is to fulfill its functions.

The Bill also extends the provisions of the programs to Guam, American Samoa, and the Trust Territory of the Pacific. We have already had indications from the Hawaii Regional Medical Program that they would be interested in involving these areas in their program.

These provisions will strengthen Regional Medical Programs and will provide the flexibility that will aid in bringing all elements of the community into the programs.

Each of you has received copies of the Surgeon General's Report on Regional Medical Programs which the law approved by this Committee required to be submitted to the President and the Congress. I recommend it to you both as a record of the early phase of the program, and as reflecting the best thoughts of hundreds of well-informed citizens regarding the extension and modification of this program. I would like to submit for the record, material which adds to that Report, and will bring you up to date on the accomplishments of Regional Medical Programs.

This progress was confirmed at a recent Conference-Workshop attended by almost 700 persons. In exchanging ideas and information in the developing programs, many specific examples of progress were described. Dr. Lowell Coggeshall, in summarizing the Conference-Workshop, said:

> "...a year ago, I recognized the form of the program. Now, in addition to form, I find substance...The ultimate substance is advancement that makes some worthwhile difference in the lives of people--a reasonable hope for enriching as well as prolonging life.
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> "Regional Medical Programs are sensible and devoid of promise of overrunning the evidence or defying reality. The approach is one we have been groping for.
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> "The problem has been conceived as one of equal access to health services on the part of all people. Regional Medical Programs is an evolutionary measure designed to carry out the prophecy that public dollars can buy us better health."

I would like to conclude this summary of progress with some insights of the effect of the program on people. For the goal is described by the Surgeon General in his report as..."clear and unequivocal.

The focus is on the patient. The object is to influence the present arrangement for health services in a manner that will permit the best in modern medical care for heart disease, cancer, stroke, and related diseases to be available to all." Some have interpreted this goal to be measurable only in terms of a reduction in deaths from these diseases, but I would emphasize that the saving of lives from heart disease, cancer, and stroke is not required to justify efforts to help millions of people. People should have whatever type of care they need, whether it be preventive, curative, or rehabilitative. This approach, with a primary emphasis on the care of the sick, is the foundation of the program, a hope without false promise.

To fulfill this hope and to build on the foundation already laid, we strongly support the passage of this bill. As President Johnson said in his Health Message to Congress, "These programs are concentrating regional resources and developing more effective ways to attack the 3 chief killers in this country. Thousands of Americans stricken by heart disease, cancer, or stroke are already receiving better care. But these threats to our health and vitality remain stubborn and unyielding."

We are now prepared to move into the next stage in the development of Regional Medical Programs so that the benefits of your vision can be more fully realized.