

**REPORT
ON
REGIONAL
MEDICAL
PROGRAMS
TO
THE
PRESIDENT
AND
THE
CONGRESS**

*Submitted by
William H. Stewart, M.D.
Surgeon General
Public Health Service*

*U.S. DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE*

June 1967

CONTENTS

| | Page |
|---|------|
| FOREWORD | |
| SECTION ONE Summary | 1 |
| SECTION TWO The Essential Nature | 5 |
| SECTION THREE Activities and Progress | 9 |
| SECTION FOUR Issues and Problems | 19 |
| SECTION FIVE Conclusions and Recommendations . . | 31 |

NATIONAL LIBRARY OF MEDICINE
BETHESDA 14, MD.

| | Page | | Page |
|--|------|---|------|
| SUPPLEMENT: Regional Medical Programs in Action . . . | 37 | VII Consultants to the Division of Regional Medical Programs . . | 77 |
| EXHIBITS | | VIII Program Coordinators for Regional Medical Programs | 81 |
| I Steps in Preparation of the Surgeon General's Report on Regional Medical Programs to the President and the Congress | 60 | IX Procedures for Review and Approval of Operational Grants . . | 87 |
| II Surgeon General's Special Ad Hoc Advisory Committee to Develop the Report on Regional Medical Programs to the President and the Congress | 61 | X Principal Staff of the Division of Regional Medical Programs . | 93 |
| III Planning Grants for Regional Medical Programs | 62 | XI Complementary Relationships between the Comprehensive Health Planning and Public Health Service Amendments of 1966 and the Heart Disease, Cancer and Stroke Amendments of 1965 | 94 |
| IV Operational Grants for Regional Medical Programs | 74 | XII Public Law 89-239 (Heart Disease, Cancer and Stroke Amendments of 1965) | 98 |
| V National Advisory Council on Regional Medical Programs . . | 75 | XIII Regulations Governing Grants for Regional Medical Programs | 100 |
| VI Regional Medical Programs Review Committee | 76 | XIV Selected Bibliography | 103 |

**HEART DISEASE,
CANCER AND
STROKE AMENDMENTS
OF 1965**

On or before June 30, 1967, the Surgeon General, after consultation with the Council, shall submit to the Secretary for transmission to the President and then to the Congress, a report of the activities under this title together with (1) a statement of the relationship between Federal financing and financing from other sources of the activities undertaken pursuant to this title, (2) an appraisal of the activities assisted under this title in the light of their effectiveness in carrying out the purposes of this title, and (3) recommendations with respect to extension or modification of this title in the light thereof.

Public Law 89-239

Section 908

FOREWORD

This Report on Regional Medical Programs is required by Section 908 of Public Law 89-239, the Heart Disease, Cancer and Stroke Amendments of 1965. The significance of this requirement was highlighted by the Senate Committee on Labor and Public Welfare in its Report on the Heart Disease, Cancer, and Stroke Amendments of 1965:

The Committee views this requirement for accomplishments and recommendations for further development as an important and integral part of this legislation. This program provides the opportunities for major innovations . . . The impressive endorsements of the concept of the program give a basis for launching the program as soon as possible, but the final form in all its particulars is not, and cannot be clear at this time. Therefore, the need for careful and continuous reevaluation assumes a special importance for this program. This Committee urges that the program be administered at all times with a view toward the identification of productive modifications for submission to the Congress when the extension is considered in the future.

For the most part, this Report describes progress and experiences during the 20 months that have elapsed since the enactment of this legislation. This period encompassed

the time-consuming process of initiating organizations at both the national and regional levels, assembling key operating staff, and developing program guidelines.

These tasks have been accomplished with dispatch. However, the period of actual operations has been so limited that firm conclusions cannot yet be drawn concerning some of the issues emphasized in the Congressional directive.

On the other hand, the general shape and direction of program development has clearly emerged during this period. The quick and enthusiastic response it has received indicates that it can fill an important national need. The great opportunities this innovative program presents, and the critical issues with which it is confronted, have been brought into sharper focus.

To be certain that full consideration was given to all aspects of this initial Regional Medical Programs experience and to assist in forging the conclusions and recommendations in this Report, we sought views and advice of a wide range of individuals expert in medicine, health, and public affairs (Exhibit I). Last fall, I appointed a Special *Ad Hoc* Subcommittee of the National Advisory Council on Regional Medical Programs to help in the development of the Report (Exhibit II). A na-

tional conference of some 650 persons, representing a broad spectrum of health and related groups throughout the Nation, was held in January 1967 to discuss and exchange views on the development of this program. This conference provided the background for the initial drafting of the Report; the *Proceedings: Conference on Regional Medical Programs* have been published (PHS Publication No. 1682).

The essence of this Report, I am pleased to note, is that Regional Medical Programs have made a substantial and impressive beginning. But it is only the beginning. The task ahead is to bring to fruition a truly unique and promising venture designed to advance the effectiveness and quality of medical care available to those who suffer from cancer, heart disease, stroke and related diseases.

Critical issues remain, and effective regional programs are not yet completely realized. But as we enter the period of full operation, the prospects for success appear highly favorable.

Looking to the future, the single most important condition for further progress is to sustain the enthusiasm, vigor and cooperative spirit of the many individuals who have voluntarily undertaken this pioneering effort in the Regions throughout the country. To do this the national

commitment to this program must be clear.

If these conditions are met and the potential of the program is realized, health resources of the Nation will move forward, region by region, in building new patterns of collaboration, and people suffering from these diseases will receive the care they need, more promptly and more efficiently.

William H. Stewart, M.D.,
Surgeon General
Public Health Service
U.S. Department of
Health, Education, and Welfare