Dr. WELLS. Beyond this, my colleagues may want to say some of the things that they see as specific improvements in their areas.

Dr. Lee, would you have anything from the professional services?

Dr. LEE. Professional services does its monitoring through a central committee, which is the Executive Committee on Therapeutic Agents with counterparts in the field. We are having direct reports from them which are monitored first by the pharmacy committee, which flags anything that they see in that program and bring it to our central committee for review. We think that this is a fairly tight control mechanism. We are finding that it is necessarily accepted at hospital levels, and there is a good rapport and a good exchange.

I think Mr. Harding from the pharmacy service is suffering the largest demands from this simply because of the volume of paper which he has to handle through his particular service, but it does give him a lead in the pharmacy service and also the supply means by which they can further their support to the clinical program.

Dr. WELLS. Mr. Harding, would you want to add anything from the standpoint of the pharmacy?

Mr. HARDING. I might add that through all these field station reports, we are able to get real close control of the new drugs that may be used or any change that may be developing any trends that are going on throughout the field. This is the greatest advantage we get from this, being able to monitor and note just what the trends are, because they vary so much in different regions.

Dr. WELLS. Mr. Cook of the supply service?

Mr. COOK. Since the submission of this data, Senator, we have discontinued completely procuring any drugs that are listed as ineffective. We have virtually eliminated those that are listed as possibly effective and none may be procured without individual review in each instance where procurement is required.

Using these same reports that have previously been mentioned, we also are able to determine to a certain extent the effectiveness of our own support system in reviewing the times when it is necessary for a hospital to procure drugs under other than the normal conditions.

Senator NELSON. How many veterans hospitals are there?

Mr. COOK. One hundred and sixty-seven, sir. And additional clinics beyond those, sir.

Senator NELSON. What percentage of the drugs for those hospitals is centrally procured by the Veterans' Administration?

Mr. COOK. Approximately 50 percent, sir.

Senator NELSON. Fifty percent?

Mr. COOK. Yes, sir.

Senator NELSON. And the rest is by local prescription from wherever the hospital is located?

Mr. COOK. Either procured through placing an order against a Federal Supply Schedule or by direct local procurement in the open market by the individual hospital or clinic.

Senator NELSON. Well, when you say 50 percent, that is 50 percent from Veterans' Administration central procurement; is that right?

Mr. COOK. Yes, sir.

Senator NELSON. And the other 50 breaks down how?

Mr. COOK. About a little over—I am dividing in my head, sir. A little over 40 percent of the 100 percent. Fifty percent roughly is from