

Now, as measured against that \$85 million, have you made any kind of an analysis or evaluation which shows that, for that kind of money, we have achieved some significant advance through the regional medical program?

Dr. LEE. The program to date primarily has been one of planning and developing the mechanisms which then can be evaluated. For example, we were developing the data base which in many areas is seriously lacking.

After we develop such a data base in the regions, we will carry forward the evaluations for which we are asking specific earmarked funds.

I think it is really too early to be able to state with any degree of certainty a cost-to-benefit effect.

I think that we should also recognize what I think is going to be one of the most significant contributions of the program. That is the spin off of benefits, well beyond the program itself, not only in terms of people whose care is paid for through medicare or medicaid. For example, as improvement takes place in community hospitals the way Dr. Marston described it, as physicians are able to participate in these programs in community hospitals, the program is bound to have a significant impact on improving quality.

I think the best buy in medical care is good care, high-quality, and this, to me, is going to be one of the most important long-term contributions of the program. And I think this is one of the reasons that we see the kind of enthusiastic support among practicing physicians in many parts of the country who were at first really very suspicious of the program.

As they have seen it develop, as they have participated, they have become increasingly enthusiastic. We will be developing for this spin-off some techniques for measurement so that we can determine the additional conditions of the program.

Mr. KYROS. Dr. Lee, in this bill as it is proposed, I understand that \$65 million is sought for the fiscal year ending June 30, 1969.

Dr. LEE. That is correct.

Mr. KYROS. What carryover of funds will we have for this program?

Dr. LEE. The carryover is \$30 million.

Mr. KYROS. So of the approximately \$95 million we are talking about, you have \$30 million unobligated as yet.

Dr. LEE. Yes. That is held in reserve, actually, by the Bureau of the Budget.

Mr. KYROS. My next question is a general one about your program. Has the American Medical Association now endorsed this program as it is being carried out?

Dr. MARSTON. I think the best answer to that is a paper that Dr. Dwight Wilbur gave at a conference workshop—which has been published in the current issue of JAMA. It is very supportive of the program.

Mr. KYROS. What does this program do for a general practitioner, say, in a rural area like in my own State of Maine?

Dr. LEE. I might add one thing. If the AMA has endorsed it, these are actions that would have to be taken by the house of delegates. They would have to vote on a resolution saying they endorse it, and I am not sure that action has been taken.