

visory group approval is gained, a grant proposal for funding program activities comes to the Division of Regional Medical Programs. At this point, we have the opportunity to have special site visits as we did in the case of the Washington-Alaska Region's operational application. In this case we actually visited the locations where projects were proposed, and made a report to our review committee and, finally, to our National Advisory Council.

Does this help?

Mr. CARTER. Yes, sir; that is helpful.

What procedures do you have for continuing education to get to the general practitioner and communities your advances in research?

Dr. MARSTON. Again, this has varied. There have been some instances in which a community took the lead. Great Bend, Kans., for example, has established an educational subcenter, if you want, for the area immediately surrounding Great Bend.

The purpose here is to try to focus education and to focus care as close to the patient's home as possible. And in the instance of Kansas, you find this focus has been moved out away from the university to subcenters.

In other areas, preexisting programs and facilities have been utilized—Albany, N.Y., for example, has a two-way radio system which provides in-hospital education throughout much of the New England area. This has been augmented by the Albany regional medical program.

I would say continuing education related to the physician and the patient's needs, as opposed to continuing education that somehow has drifted away from the care of patients, is a very major focus of the program.

Mr. CARTER. Do you have regional seminars on newer concepts in medicine attended by practitioners from the subregions?

Dr. MARSTON. There was a major one in Oregon that a member of my staff attended not long ago.

Mr. CARTER. The purpose of this bill is to diminish deaths from heart disease, cancer, and stroke.

Do you have available to the practitioners in the subregions close liaison with specialists in the regional areas so that they can get information quickly, or advice, or help in treatment?

Dr. MARSTON. There is an example in Wisconsin of a 24-hour-a-day telephone service to physicians in the area. There is a specialty team in Iowa that has been activated to actually go out to the scene and provide consultation to the local physician and his stroke patients.

Mr. CARTER. That is part of your regional system at the present time?

Dr. MARSTON. Yes.

Mr. CARTER. I want to congratulate you on that. I think that is very good. I certainly feel that these ideas, or these questions which I have asked you should be further implemented, if possible.

Thank you, Mr. Chairman.

Mr. ROGERS. Mr. Skubitz?

Mr. SKUBITZ. Thank you, Mr. Chairman.

Doctor, I am a new member on this committee, and I am from the great State of Kansas that you have been praising so highly.

Doctor, I am interested in a number of things.