

Dr. MARSTON. That is a major one, which has been supported by the National Center for Chronic Disease Control over the last 5 years. It is being field tested in Missouri at the present.

Mr. CARTER. In one region you have such—

Dr. MARSTON. Yes.

Mr. CARTER. Do you envision in the future the use of such centralized diagnostic aids?

Dr. LEE. If we find the experiment in Missouri is successful, and it is demonstrated that you can improve patient care, and that it is feasible from a cost standpoint, that other regions will then want to develop similar programs. It may be that a computer would serve perhaps more than one region. These are expensive, depending on the kinds of programs that are developed, such as automated multiphasic screening.

Mr. SKUBITZ. For example, to detect some of the diseases early, cancer and cardiovascular diseases particularly, the development of the automated long-distance cardiograms—as other advances take place, say, in the area of radiology, it may be that those would also be applied on a regional basis.

I think it is wise to test them out first in a single area, as is now being done in Missouri, to find out how feasible it is at the level of the community hospital, and in the communities where the patients are and the physicians are in practice, to see if it is practical.

Mr. CARTER. Many of our community hospitals have lines to these places to interpret their cardiograms in that way.

Dr. MARSTON. Dr. Carter, this goes a bit beyond that. The reason they wanted to try this advanced system is that, in addition to the usual telephone lines for the transmission of EKG, this new system doesn't take the place of interpretation by the physician, but does save time in supplying the attending physician with an analysis of the electrocardiogram done by a centrally situated computer.

What this project is facing is the fact that we are not going to have enough trained manpower over time to do EKG analyses, and we have to develop some system to augment the highly skilled manpower required in this area. So this system is more than a telephone line.

Mr. SKUBITZ. Mr. Chairman, may I ask one more question?

Mr. ROGERS. Yes.

Mr. SKUBITZ. Did you say \$200 million was authorized in 1968?

Dr. MARSTON. Yes, sir.

Mr. SKUBITZ. How much did Congress appropriate?

Dr. MARSTON. \$53,900,000 for grants, and \$4,914,000 for direct operations.

Mr. SKUBITZ. Thank you.

Mr. ROGERS. What do you think of combining the comprehensive health planning program and the regional program? What would you think of combining these two programs?

Dr. LEE. The two programs have a different purpose. As we move down the path and as these programs develop, they will be obviously closely coordinated and integrated. But I don't believe they should be combined into a single program.

Mr. ROGERS. You don't feel that a comprehensive health plan for a State should include what we are doing in this regional program?