

spent, how much on television tie-ins, and how many hospitals are tied in, what improvements are made in hospitals.

In other words, when we passed this bill, the idea of the thrust of this program was to make sure the new methods of treatment were going to get to the people.

Now, I realize it is very early and too soon for us to make a critical judgment, probably, but I get the feeling that this may be stopping in the dean's office at the medical colleges.

Well, I just want to find this out.

[Laughter.]

Dr. LEE. It had better not be.

(The following information was received by the committee:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (PUBLIC HEALTH SERVICE)
REPORT ON 12 OPERATING REGIONAL MEDICAL PROGRAMS

ALBANY REGIONAL MEDICAL PROGRAM

The Albany Regional Medical Program was one of the first regions to receive an operational award on April 1, 1967. Currently funded with \$755,605, the region has approximately 43 operational staff members, including approximately 14 physicians, 17 nurses, 5 other allied health personnel, and 6 general support personnel. Over two-thirds of the staff are from the community hospitals, and they are working closely with the local medical center and RMP staff to increase the capabilities for quality care at the local hospitals.

Approximately 60 hospitals from the Albany Region are participating in the program. Approximately 30 of these hospitals are directly participating in the operational projects outlined below. Two hospitals are represented on the Advisory Committee, and the remaining are involved in on-going planning activities.

Operational Projects

1. *Two-way radio communication system, direct cost—\$144,100*

This project will expand an existing two-way radio network to include 57 hospitals and 24 high schools. It will provide continuing education for physicians and allied medical personnel. It will also provide information and education programs for administrators, members of boards of trustees, voluntary health agencies, adult education classes, and selected civic groups.

2. *Community information coordinators, direct cost—\$73,800*

Former pharmaceutical representatives will be used to contact local physicians to tell them about Regional Medical Programs and to evaluate their attitudes towards RMP.

3. *Postgraduate Instruction Development Panel, direct cost—\$102,600*

This program proposes to have experimental and control groups of doctors to determine their educational needs. These doctors will then participate in instructional programs. Afterwards they will be tested to determine the effectiveness of the instruction.

4. *Community hospital learning centers, direct cost—\$75,800*

This project will establish learning centers at community hospitals using "Self Instruction Units" and audio-visual equipment for rapid dissemination of new medical knowledge. Eventually, the directors of this project hope to evaluate physician progress. Initially, 8 hospitals will be involved.

5. *Albany Medical Center coronary care training and demonstration programs, direct cost—\$125,200*

A coronary care unit will be established at Albany Medical College to serve as a model and training unit for training physicians and nurses who will then be able to establish similar units at community hospitals. This project will augment the existing Coronary Intensive Care Unit at the Albany Medical Center.