

12. *Operations research and systems design—direct cost \$39,055*

This activity will help develop systems concerned with testing "early detection" hypothesis-develop operational methods of early detection tests for a large rural population.

13. *Population study group survey—direct cost \$65,200*

Using National Health Survey questionnaire study factors contributing to use of health services in small towns, with emphasis on the influence of availability of care.

14. *Automated hospital record system—direct cost \$52,100*

This activity is testing the automation of hospital record data through use of computer systems to organize a ready reference service and easy access to hospital data as a base for measuring effectiveness of changes.

15. *Computer Assembled On-Going Manual of Medical and Paramedical Services—direct cost \$26,842*

16. *Central core administration, planning and coordination—direct cost \$238,805*
(University of Missouri Medical Center, Columbia, Missouri) Missouri Regional Medical Program.

MOUNTAIN-STATES REGIONAL MEDICAL PROGRAM

This four-state region (Idaho, Montana, Wyoming and Nevada) began its operational activities on March 1, 1968 with an operational award of \$206,913 to include one activity in coronary care. An operational staff of approximately eleven will serve in the project, and includes five physicians and six nurses. The hospitals involved will include the community hospital in which the activity is taking place as well as those hospitals who will send their staff to the unit for training. The Regional Advisory Group also includes two hospital representatives.

Operational Projects

1. *Intensive coronary care in small hospitals in the region—direct cost \$206,913*

Hospitals in the Region will send Registered Nurses into St. Patrick's Hospital, Missoula, Montana for coronary care training. This 3 week course will be offered three times a year for 21 nurses, and there will be follow-ups at the home hospitals four times a year. In addition, a 4-day training program especially designed for small town physicians will be held at the University of Montana four times a year.

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

On March 1, 1968, the North Carolina Regional Medical Program received a combined planning and operational award totalling \$1,485,341. The operational component of this award totalled \$753,759 in direct costs only. The operational staff includes approximately forty individuals, including twenty-eight physicians, one nurse, six other allied health personnel, and five general support personnel.

North Carolina has already involved twenty-seven of its hospitals in the Program. The Advisory Group includes four hospital representatives and planning subcommittees include an additional ten hospitals. Approximately twenty-one hospitals are participating in the operational projects outlined below:

Operational Projects

1. *Education and research in community medical care, direct cost—\$209,200*

To develop resources for training more medical and allied medical students; to provide new types of educational experiences which will make family practice more attractive; to have a post-graduate education program at the medical school; to strengthen ties between the medical school faculty and practicing physicians; and to have the medical school become involved in community planning for improving the quality and availability of medical care. Affected by this project are the following groups: the University Community; the Caswell County Rural Health Services Project; the Regional Health Council of Eastern Appalachia, Inc.; the State of Franklin Health Council, Inc.; the Charlotte Memorial Hospital; the Moses Cone Memorial Hospital, Greensboro; and the Dorothea Dix Neuromedical Service.