Dr. MARSTON. The American Hospital Association is having a conference at our request in June to focus on just the problem you are bringing up.

Mr. ROGERS. I would be interested in following the results of that conference and your actions on it.

Now, what other professions are involved in these regional medical programs, and in the field? Could you give me a rundown on that?

If you will let us have this it would be helpful.

Are you really tying them in—nurses, dentists, and so forth—as well as educators?

(The following information was received by the committee:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE STATEMENT ON PROFESSIONAL INVOLVEMENT IN REGIONAL MEDICAL PROGRAMS

The scope of professional involvement in Regional Medical Programs is both broad and balanced, and is evident in all facets of the programs across the country. Broad professional involvement is seen in the composition of Regional Advisory Groups, planning committees, program staffs and operational activities. Such involvement reflects the essential cooperative nature of Regional Medical Programs as they work toward harnessing the multiple health and medical resources in local areas in order to help provide high quality care in heart, cancer, stroke and related diseases.

The membership of the Regional Advisory Groups, which currently totals approximately 1900 individuals, includes 21.9% practicing phyicians; 15.6% medical center officials; 13.1% hospital administrators; 11.7% voluntary health agencies; 7% public health officials; 8.1% allied health workers; 15.3% member of the public and 7% others. Planning committees, which currently include about 2500 individuals, also demonstrate broad involvement. The membership includes: 18% practicing physicians; 41% medical center officials; 13% hospital administrators; 6% voluntary health agencies; 6.5% public health officials; 10% allied health workers; 5% members of the public, and 5% others.

In terms of participating organizations, it is estimated that over 1700 organizations are now involved in Regional Medical Programs. These include all of the medical schools, state medical societies, state heart and cancer societies, and state health departments. Almost 60% of the state nursing and dental associations are involved; about 80% of the schools of public health and state hospital associations are involved; and about 35% of the schools of denistry. In addition, many schools of nursing and other allied health professions are involved as well as a broad array of other professional organizations and institutions.

CORE PLANNING AND ADMINISTRATIVE STAFF

Reports from the Regions indicate that approximately 47% of the professional and technical planning staff are physicians. Allied health professionals including nurses, hospitals administrators, dentists, and others account for approximately 12% of the core staff. Related health professionals, including health economists, medical sociologists, statisticians, and others account for approximately 19%; general supportive staff accounts for about 16%; and "other" groups account for 6%.

OPERATIONAL STAFF

The operational staff personnel are concerned with the implementation of specific operational projects. The manpower involved in these projects comes from a broad range of specialities, including physicians (25%); nurses (8%); other allied health (10%); education and communications (5%); computer and other electronics specialists and their supporting personnel (16%); other technicians (14%); administrative and clerical (20%); and other 2%.

Dr. MARSTON. I spoke to 80 nurses in Wisconsin last night, via a telephone lecture system——

Mr. CARTER. Will you yield on that?

Mr. ROGERS. Yes.