ILLUSTRATIVE EXAMPLES OF CURRENT STATUS

In addition to this listing of grant awards and the projected initiation of operational activities by the 54 regions, some specific examples of activities can serve to illustrate the status of activities in the Regional Medical Program and how these activities relate to achieving some of the major objectives of the program.

P.L. 89–239 makes clear that activities under it are to be considered part of, and contributors to the evolution of a system which establishes and strengthens, on a regional basis, functional relationships among the elements of the health system. The law assumes that only through such regional arrangements can the health status of the patient benefit fully from the accomplishments of medical science. The following examples show how these mechanisms have been effective or give promise of being effective in influencing the quality of health care under the following headings: 1) Cooperative Arrangements; 2) The Relationship of Science to Service; 3) Education and Training; 4) Demonstrations of Patient Care; and 5) Experimental Projects.

1. Cooperative Arrangements

Regional Medical Programs are based upon voluntary cooperative arrangements among all the health resources in each Region. These cooperative arrangements characterize the type of regionalization with which this program is concerned. The word "regionalization" in the context of Regional Medical Programs does not refer to the development of a rigid plan which has been imposed from above. Rather, it stresses the *process* whereby local resources are joined together to identify needs and opportunities, to assess resources, to define objectives, to set priorities, and then finally to implement a program and to establish methods of self-evaluation. Here are some specific examples of how such arrangements can be expected to affect patient services directly.

Four hospitals in Lafayette, Louisiana, are pooling resources in cooperation with the State Heart Association and one of the medical schools, to improve the care of patients with myocardial infarction in that area of the Region through the establishment of a coronary care demonstration and training unit. The local decision was made to concentrate on developing a high quality coronary care unit in a single hospital. These varied institutions joined with the public to raise private funds, recruit and train staff, and equip the unit. Although the investment of Regional Medical Program funds was limited, the cooperation engendered by the program not only accomplished much, but also has served as a model of cooperative action to the Region.

The community of Anchorage, Alaska, in response to the needs identified by the Washington-Alaska Regional Medical Program for a high energy radiation source closer than Seattle, Washington, is now conducting a fund raising campaign. Solicited private funds will be used to construct housing for the equipment, which will be purchased by the Regional Medical Program. The treatment center will be operated as a regional resource by the Providence Hospital, as planned and approved by local and regional advisory groups. The decision to support this activity involves cooperative arrangements at another level also, for the National Cancer Institute conducted the on-site visit which gave assurance of the sound scientific and professional basis of this project. The Anchorage Building and Construction Trades Council, comprising some 14 unions have taken on the construction of the building as a project, thus contributing more than one half the total cost from this one source.

One of the most meaningful associations sponsored by Regional Medical Programs is between Vanderbilt University Medical School and Meharry Medical College on the one hand, and the Neighborhood Health Center supported by the Office of Economic Opportunity, located near Meharry on the other. Consultants from Vanderbilt are working with the faculty of Meharry and the staff of the Health Center to provide comprehensive health care for impoverished communities formerly without adequate care. In many other Regions similar collaborations between institutions of varying maturity and strength have resulted in achievements heretofore difficult, if not impossible.

2. The Relationship of Science to Service

The complex problem of relating the more sophisticated and advanced activities available in only a few institutions within a Region to the broader needs of people of the Region is a significant mandate for the programs. This task is being carried out in a variety of ways.