

The computer expertise and facilities of the University of Missouri and the previous work of the Public Health Services' National Center for Chronic Disease Control, are being used by local physicians to test the effect of the availability of computer-assisted and semiautomated interpretation of electrocardiograms on the care of patients.

The Intermountain Region has an outstanding multidisciplinary research group investigating computer application to clinical problems. Automated physiological monitoring has been extended from the Latter-day Saints Hospital in Salt Lake City to four other hospitals in the Region, through the use of remote computer consoles, allowing a more sophisticated level of treatment in these hospitals. In this case, as in many others, the developmental work was supported by the National Heart Institute, which now is jointly funding with Regional Medical Programs the application of the technologic advances.

The latest and best in medical science exists also in institutions other than universities and research institutes. Wisconsin has a death rate from pulmonary embolism higher than the nation's average, and in Wisconsin, the Marshfield Clinic has a group especially knowledgeable about thromboembolic disease. The Wisconsin Regional Medical Program is supporting a unit at the Marshfield Clinic for the demonstration of the best techniques for diagnosis and non-surgical management of patients with pulmonary embolism. The Marshfield Clinic has established referral routes from five hospitals in the Region for emergency care of patients suspected of having pulmonary embolism. The effect of this unit has already been made apparent by the increased demand from physicians throughout the Region for educational services there. The unit already has treated more than 30 patients, with results better than the national average—a distinct improvement in patient care.

Research institutions are anxious that medical practice benefit from research efforts. For several years, the Memorial Sloan-Kettering Cancer Center has extended its consultation and teaching programs out to the practicing community in six hospitals. Now, through the New York Metropolitan Regional Medical Program it is able to expand its coverage to surrounding areas, and is planning to include 28 additional hospitals so that the knowledge and talent of the Memorial Sloan-Kettering Cancer Center can be made available to practitioners throughout the area.

In many similar projects, Regional Medical Programs serves as a vehicle for transmission of the latest scientific advances to the bedside.

3. Education and Training

Education and Training have been traditional methods of improving quality in all fields. The emphasis in Regional Medical Programs has been to support education and training, not as separate isolated activities, but rather in terms of recognized needs for the improvement of patient care services and as an integral part of other activities.

An example of the development of this type of training and educational program arose in the Rochester Region, where 29 hospitals were faced with the problem of establishing coronary care units. Through their Regional Medical Program, they have been able to focus instead on the problems of giving the best diagnosis and treatment to all patients with myocardial infarction in the Region. A recently awarded operational grant will support training and continuing educational programs for physicians and nurses to staff the units, the development of evaluation techniques, and the establishment of a coagulation resource in a community hospital.

The California Region plans to anticipate the needs for education and training in a new community hospital to be completed within the next three years in the Watts area of Los Angeles. A Post-Graduate faculty will be recruited now and sponsored jointly by the Charles Drew Medical Society, the University of California in Los Angeles, and the University of Southern California. Once built, the hospital itself will support the faculty, but Regional Medical Program funds are being sought for interim assistance.

Numerous programs are seeking to provide expert consultation on request. These include making consultation available by telephone or two-way radio on a 24-hour basis, a dial access telephone-audio tape system in Wisconsin, and a medical jukebox in Albany which will show a variety of single concept films on demand.