

4. *Demonstrations of Patient Care*

Demonstrations of patient care are proving to be effective in serving the goals of the program, and have been a major expression of cooperative arrangements for the betterment of a particular situation.

Resources in Mississippi for the management of stroke patients are limited. Four intensive care beds for the demonstration of latest advances and modern potential of stroke care have been established under Regional Medical Programs. The usual hospital costs are being supported from other sources but with this newly funded demonstration unit, physicians, nurses, and all allied health professionals have access to excellent training. The result of such training and "on line" experience is already leading to improved care for stroke patients.

In Iowa, a different demonstration pattern is being used. Through the Iowa Regional Medical Program, a stroke team with physicians and allied health competence is available for on-site consultation. This unit, taken to the patient, provides specific consultation and comprehensive education for those responsible for continuing care.

In Smithville, Missouri, an entire community has enthusiastically become a "demonstration project." With the funding of a much needed rehabilitation unit in that town of 2,500, which serves a population of 50,000, the imagination of the community was captured. Impressed by the potential of Regional Medical Programs, the town leaders sought and became a "demonstration sub-region" for the Missouri program. Thus, over a dozen regional projects are now being tested in Smithville.

There are many examples of units demonstrating care of patients with acute myocardial infarction. The units are varied. Some are in small and some in large hospitals. Some represent joint efforts between "Medical Centers" and outlying hospitals. Some are administered by physicians while others are administered by nurses. These models recognize the realities of manpower shortages, and of the significant differences in the locales where patients are treated.

5. *Experimental Projects*

Regional Medical Programs are offering an excellent opportunity for the use of information coming out of research into better methods for making available the advances of medical science.

North Carolina is paying considerable attention to the special problems of an area in the western part of the state known as the "State of Franklin." For example, seven hospitals in as many different communities are testing the feasibility of a common Board of Trustees and a coordinated program to the extent that they will request accreditation as one hospital by the Joint Commission on Accreditation of Hospitals. Separately these hospitals, plagued with manpower and facility shortages, face not only an uncertain future, but the knowledge that they will have increasing difficulty in maintaining quality patient care. As a result of the Regional Medical Program, these hospitals are now testing the concept of a unique regional hospital organization which will make possible the implementation of improved care in heart disease, cancer, and stroke.

The University of Michigan School of Engineering is cooperating with the Intermountain Regional Medical Program in a systems and operations study of coronary care. Here we see recognition of the need for the health system to increase the effectiveness and efficiency of care modalities. In this era when national attention is directed to rising medical care costs, many resources and types of expertise will be needed to minimize needless expense. Vermont is involved in a modified cost benefit analysis of several health activities being initiated. The data collected should provide not only the Vermont Regional Medical Program, but the health industry in general with information upon which decisions can be made on substantive rather than intuitive bases.

Mr. ROGERS. Is there any particular emphasis given in the regional programs to the core city problem?

Dr. MARSTON. Yes, sir. The program has tended to go more slowly in the very large, complex urban areas, I think, probably for the same reason some other programs there have gone more slowly. But there are some key examples of our activities in urban areas.

In the California region, the Watts group is working on a program with UCLA, the local chapter of the National Medical Association, and USC.