

A site visit by members of the Review Committee and the National Advisory Council on Regional Medical Programs to the region is included as an integral part of approving an operational program for a region. As the operational program develops and is expanded additional site visits are made. Finally each Regional Medical Program is required to submit an annual progress report which describes in detail the region's program.

Any proposed modification in program direction by the grantee must be justified in writing and subjected to these review procedures.

Within the context of this comprehensive review process it is possible to determine whether or not a regional program is in fact evolving a regional system intended to improve patient care.

The Missouri, Kansas, Albany, New York, and Intermountain Regional Medical Programs were the first to enter the operational phase of development. The determination of their readiness to begin operations was a result of the review process described above, including a site visit by members of the National Advisory Council and members of the staff of the Division of Regional Medical Programs. The progress of these regions has been further evaluated during the review of supplemental grant requests which have been received from all four regional programs. Further site visits by Council and/or staff to review the first year's progress have either just been carried out or are scheduled for the immediate future. The results of these reviews carried out to date indicate that these Regional Medical Programs are making substantial progress toward the goals set forth a year ago as the basis for the operational grant award. The major problems encountered have been difficulties in recruiting personnel and slowness in the delivery of important equipment. These factors have caused some delays in implementing particular projects.

In addition to this evaluation at the national level, the regional programs are developing their own capabilities for self-evaluation. Special staff has been added to the central staff of the regional programs with specific competence in evaluation techniques. These techniques are being further developed and applied to the operational activities.

Mr. ROGERS. In Kansas, is Kansas City General Hospital involved in that?

Dr. MARSTON. In Kansas City, there is a joint committee from Kansas and Missouri to work together in the Kansas City area, and the Kansas City General Hospital has been involved; yes.

Mr. ROGERS. Could you let us know to what extent?

Dr. MARSTON. Yes, sir.

(The following information was received by the committee:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE STATEMENT ON THE INVOLVEMENT OF THE KANSAS CITY GENERAL HOSPITAL IN THE MISSOURI REGIONAL MEDICAL PROGRAM

The Kansas City General Hospital is directly involved in the planning for and development of the Missouri Regional Medical Program. The Missouri Regional Medical Program has allocated \$82,926 for planning in Kansas City with headquarters located at the Kansas City General Hospital. Several staff share responsibilities for Kansas City General Hospital operations and Missouri Regional Medical Program planning, including the Executive Director of the Kansas City General Hospital. Several proposals related to the Kansas City General Hospital have been submitted by the Missouri Regional Medical Program to the Federal Government for review. A project to develop programmed comprehensive cardiovascular care at Kansas City General Hospital is pending final review by the Review Committee and the National Advisory Council on Regional Medical Programs. Planning studies are underway on manpower training and post-graduate medical education in heart disease, cancer, and stroke.

Mr. ROGERS. How do you evaluate your regional medical program? Could you let us know the criteria used for evaluation? I think the committee would be interested in that.

Dr. MARSTON. Yes, sir.

(The following information was received by the committee:)