DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE STATEMENT ON THE CRITERIA FOR THE EVALUATION OF REGIONAL MEDICAL PROGRAMS

Each planning and operational activity of a Region, as well as the overall Regional Program, receives continuous, quantitative and qualitative evalution wherever possible. Evaluation is in terms of attainment of interim objectives, the process of regionalization, and the Goal of Regional Medical Programs, easily accessible improved patient care for heart disease, cancer, stroke, and related diseases. The criterion for judging the success of a region in implementing the process of regionalization is the degree to which it can be demonstrated that the Regional Program has implemented the seven essential elements of that process: involvement, identification of needs and opportunities, assessment of resources, definition of objectives, setting of priorities, implementation, and evaluation. Ultimately, the success of any Regional Medical Program must be judged by the extent to which it can be demonstrated that the Regional Program has assisted the providers of health services in developing a system which makes available to everyone in the Region improved care for heart disease, cancer, stroke, and related diseases.

It is also important to note that each Regional Medical Program is encouraged to build self-evaluation methodologies into its ongoing program. These evaluation methodologies then form an integral part of the total evaluation of the Region's program.

A fuller description of the process of regionalization is contained in the *Progress Report on Regional Medical Programs* (see p. 13) which was submitted for the Record during the hearings on H.R. 15758 and is the process upon which interim evaluations of each program are based.

Mr. ROGERS. I know on page 2, section 103, it is simply a correction to allow the District of Columbia, Commonwealth of Puerto Rico, and so forth, in. This amends the public health law itself.

Doesn't this go to the entire act?

Dr. LEE. Yes.

Mr. ROGERS. So that this would affect every program of the Public Health Service, would it?

Well, perhaps you can give us the information.

Mr. KARL YORDY (Deputy Director, Regional Medical Programs, HEW). Actually, there is a general definition in the Public Health Act which does not include these additions. These additions have been made to certain other programs in the act. This is bringing the regional medical programs into line on that.

Mr. ROGERS. Thank you. I am delighted to see the Department support this program for migrant health, which I have been interested in and helped to write the original law. And I took a very active part since then in following this program.

I have been very pleased with it, Miss Johnston. I think you have done a good job, and I think it is very essential that we recognize this is a program that should be continued rather than letting it get into the partnership as yet, because I don't think this has been well planned for in many of the States.

Dr. LEE. We would agree with that, Mr. Rogers, and also at the time the partnership for health comes up for review again, this would come up for review at the same time. And we would be able to then recommend, and you would be able to decide whether it should continue as a separate special program or whether it could, in fact, be incorporated within the fabric of the partnership-for-health program.

Mr. ROGERS. When you look over a partnership plan from a State, will the Department see that this plan has in it the necessary guidelines to carry out this type of health program?