

among the health personnel and institutions on a regional basis as a necessary prerequisite to accomplish the objectives of reducing the unnecessary toll from these diseases.

The Regional Medical Programs become then an exciting new venture in the development of an improved health system—creating new relationships and capabilities while preserving and building upon the great strengths of our existing institutions, agencies, and personnel.

The history of past efforts at creating a regionalized approach to health services provides ample evidence that the task set for the Regional Medical Programs will be difficult and progress at times will seem slow. There have been previous beginning efforts at regionalized health activities in various parts of the country, some of which were described by this Committee in the report on the original legislation three years ago. Now the pressures of an increasingly complex health enterprise and the rapid advances of medical science and technology have added a considerable urgency to the need for regionalization in the health field if our people are to benefit fully from these advances. The pressures generated by the rapid rise of health-care costs and the increasing urbanization of our society add to this urgency.

The Regional Medical Programs are beginning to show some effectiveness in providing part of the answer to these problems. The activities of the Regional Medical Programs are helping to define the opportunities for improving the excellence of the health services within each region and the contributions that each element of the region's health resources can make to that excellence. The programs are establishing a permanent framework within the regions that becomes a two-way street whereby the expertise in the great medical centers becomes more readily available to the practitioner and institution at the community level, while at the same time the definition of community health needs and the involvement of community resources is made more relevant to the specialized capabilities of the large centers.

I have seen this process at work in California where we face a more complex task than most of the regions because of the great size of the region. This is the largest region with about 20 million people, and the development of the Regional Medical Program is following a somewhat different pattern than other regions, reflecting the commendable flexibility of the legislation in allowing each regional program to develop according to the particular pattern most suitable for that region. The amount of cooperation involving all of the medical schools, the medical profession, the hospitals, the public health agencies, and interested public in California has already made an invaluable contribution to the development of the essential basis for cooperative action. Even before the California Regional Medical Program has received any operational funds, the progress of the program during this planning phase and the establishment of much improved lines of communication among the many elements involved constitute substantial progress. In the interest of time, I would like to submit to the Committee a fuller statement of the accomplishments to date under the California Regional Medical Program. (See attachment A.) I think there is still a long way to go in developing the program in California when the progress is measured against the magnitude of the task. By that same measure, however, we in California are very pleased that the necessary initial steps in the development of the program are now well underway.

I believe that the Regional Medical Programs for heart disease, cancer, and stroke are a very important component of the development of health care on a regional basis in this country. With their emphasis on medical excellence, the involvement of medical centers, the practicing physicians, and the hospitals, the programs are a necessary part of the effort to bring the best in health care to the American people. Regional Medical Programs, however, can only make their full contribution in concert with the many other activities devoted to that goal. The scope of the challenge is too broad to be totally accomplished by any one program. The development of effective interrelationships among the Regional Medical Programs, Comprehensive Health Planning, and the wide variety of other health programs—Federal, State, and local—will be essential. I believe that the development of cooperative relationships among many diverse interests already underway through the Regional Medical Programs is a basis for hope that this cooperation can be extended to a broader level and that the effective interrelationships will be developed in ways appropriate to serve the diversities of the various areas of the country.