

cians to establish a "living laboratory" involving the whole community. Continuing education, training for licensed vocational nurses and other paramedical personnel, stroke treatment, handling of central nervous system malignancies, establishment of a tumor board, selected multiphasic screening and community education programs are involved.

The California Heart Association proposes a substantial expansion of its successful student research projects, bringing highly qualified science students into cardiovascular research laboratories.

In Los Angeles, special training in angiography—the visualization of the blood vessel system with the aid of radioactive dyes—would be presented for practicing and qualified radiologists.

Two proposals—one for the Sacramento Valley, the other for the lower San Joaquin—would make use of videotape recording units which would be moved from one hospital to the next, covering several score hospitals. The units would be accompanied by medical television tapes, for instruction of each hospital's staff members, and each local staff could record its own grand rounds, lectures and demonstrations, then, by playing the lesson back, improve its own teaching skills.

The California Heart Association proposes a substantial expansion of its suc-pitals in the State, would be expanded to other regions.

The development of simple learning languages in a computer program available for undergraduate, graduate and postgraduate instruction to several regional medical program areas would be encouraged in another proposal.

The Loma Linda University School of Medicine has a highly intriguing pilot project based on a third-generation computer, and proposes to expand its library services to practicing physicians throughout its vast service area. The computer demonstration would test the feasibility of using a remote display, very much like a television set, on which a physician in a community hundreds of miles from the school could, by picking up the telephone, hook into the computer and ask it to analyze the electrocardiograph readings being taken on the patient lying by the physician's side. The computer analysis would be done in real-time, and the answer would return in 2 or 3 minutes. Such a project might provide needed services to small, remotely located hospitals and communities now lacking medical specialists.

These 14 operational proposals are under immediate consideration. Several others, submitted in the March, 1968 quarter, will be briefly detailed in a moment. All have been developed following planning activity which began in January, 1967. The first year's planning activity involved, among other things, the laying down of a data base from which operational proposals are being projected. Construction of the data base has gone through two phases.

In the first phase simple, readily available data were arranged in forms most useful for planning in each of the eight areas of California. *Demographic* data were acquired from the State Department of Finance. *Mortality* data were gathered from the State Department of Public Health. Also from the State Health Department, with added information from the California Hospital Association, came material for a *complete hospital roster* for each of the California Regional Medical Program areas. Finally, the first phase of data acquisition entailed analysis of less readily available types of information involving, for example, transportation and the many varieties of morbidity data.

During the second half of the first planning year, six planning studies were undertaken on a region-wide scale. All were approved by a data needs subcommittee on which each of the California Regional Medical Program areas was represented. Each study aimed at relatively deeper penetration into some aspect of the data base needed for planning. At the same time each pointed clearly to the shape of operational proposals in the making.

*Patient origin study.*—This study, rescribed briefly in the opening paragraphs of this statement, will include important material for morbidity analysis, particularly if the survey can be repeated at intervals. At the same time, the survey in its first round is expected to yield information needed for transportation and facilities planning in conjunction with the rendering of optimal care for heart disease, cancer and stroke patients.

*Training facilities inventory.*—Many of the ideas for operational projects, which began to take shape in the first planning period, concerned manpower needs and the possibilities of training programs for key health services, in addition to physician services. It was found, though, that little information had been gathered on the simple question of what training facilities now exist.