The California Regional Medical Program, therefore, contracted with the Survey Research Center at UCLA to make an analytic region-wide survey of existing training facilities for health service manpower of all sorts. The survey, besides being an inventory of facilities, includes analytic details as to capacities, present enrollments, expansion possibilities, curricula and new programs. It will serve as a basis for second-generation studies and operational proposals in the manpower field.

Physician referral patterns.—The Stanford Research Institute, in cooperation with the California Medical Association, is completing interviews with a random sample of physicians throughout the State on the subject of referral patterns for patients with heart disease, cancer and stroke. Here, too, material never gathered before is being acquired. Questionnaires already completed contain valuable material of two kinds. As a basis for improved delivery of medical service in cases of heart disease, cancer and stroke, referral patterns, both as to physicians and facilities, are being discussed. And, the needs seen by family physicians, and other physicians of first reference, are being recorded and analyzed for the first time in this context.

Registries.—A cooperative undertaking involving the System Development Corp. of Santa Monica and the UCLA School of Public Health is doing feasibility testing for possible registries in stroke and heart disease. California has already had rich experience in the development of a tumor registry, covering roughly a third of the hospital beds in the State and providing cancer incidence data of unique significance. The System Development Corp. study is, therefore, moving on to a preliminary examination of registry construction in stroke and heart disease. At the same time, the Director of the California Tumor Registry is cooperating with the California Regional Medical Program in connection with cancer registration and follow-up.

Use of medical scoiety review mechanisms.—On a trial basis, local medical organizations in three California counties are cooperating with the Regional Medical Program to determine the value of local medical review mechanisms—generally associated with claims review in health insurance programs—for case identification heart disease, cancer and stroke, review of prevailing community standards and practices in management of such cases, and possible development of postgraduate medical education and other programs. In each case, the county medical group has agreed to cooperate with the appropriate university medical center in the review.

Specialized resources in hospitals.—The sixth and last of the first-generation California planning studies is based on questionnaires sent to all the acute, general hospitals in the State, through the cooperation of the California Hospital Association. The hospitals are reporting whether or not they have various items on a detailed roster of specialized resources or facilities needed for treatment and overall management of patients with heart disease, cancer and stroke. This material, too, has not been gathered before, and is expected to highlight material lacks, oversupplies or maldistributions. At the same time, the study will bring manpower training requirements to a sharper focus as California's Regional Medical Programs enter their operational phase.

All these data gathering studies have been integrated into the 14 operational proposals described earlier. They have also been incorporated into the five operational proposals and the two additional requests for funds especially earmarked by Congress, submitted by the California Committee on Regional Medical Programs during the March, 1968 quarter.

This second set of proposals includes the expansion of existing clinical cancer diagnosis and treatment, social service consultation, radiological physics, nuclear medicine and computer retrieval of pertinent data to 26 hospitals in northern California, a coordinated year-round general practice residency, intensive coronary care training for physicians in small hospitals, and the establishment of a medical library and information service network.

The first of the projects seeking earmarked funds involves a sixth area in California—Orange County, the planning for which has been assigned to the University of California at Irvine—proposing a pediatric pulmonary demonstration center. It would be only the fourth of its kind in the Nation. The second project would expand and improve an existing hypertension program of the UC San Francisco Medical Center.

Taken all together, these first operational proposals can be seen as the beginning broad outlines in the development of a region-wide comprehensive blueprint,