The final focus of our program is on the cooperative delivery and planning of the best possible health care to patients suffering from heart disease, cancer, stroke, and other related diseases, regardless of economic, educational, or geographical status.

The program utilizes maximum local planning and initiative with regional emphasis upon coordinaion of efforts and review of the quality of endeavors. Policy is set by a council representative of the public and professional leadership with advice from all groups in the region who have a bona fide interest in the delivery of health care.

Because of the stated intent of the program which was to improve care by increasing the effectiveness of present systems, attention in the Missouri program was directed to early detection of disease, methodology for systems to provide maximum economy and effectiveness, and initially a small number of models of delivery systems, planning for a service to a specific population of people without regard to the exact place in which that service might be rendered, but with emphasis on delivering the care as close to the patient's home as is consistent with economy and quality. In other words, we are people oriented.

Primary emphasis has been placed on the development of supportive services which utilize the newest in scientific technology. This includes a variety of services which can be furnished both to the physician and to the patient quickly and economically at any time anywhere in the region.

The present testing of computerized interpretation of EKG's for physicians in rural areas is a precise example. For screening purposes, and for the first time in history, the private practitioner participating in the model system has consultation for heart disease immediately available to him at every hour, 168 hours a week, at an estimated cost of less than $3 per interpretation.

Each interpretation can be backed up by a dial-a-phone lecture reference source, recorded on tape and also automatically available at all hours at the cost of a phone call.

These backup lectures will develop on a demand basis in accord with experience. A model of delivery systems is found in the Smithville project. Here building upon an existing rural system, maximum effort has been placed by the local advisory group and the State university medical school upon a sophisticated consultation and referral program.

In Smithville, the system extends into home care utilizing all available ancillary and auxiliary personnel. Faculty members of the university teach and consult with the local staff.

Financial assistance was given with a specific terminal date, at which time the system of care is projected to be self-supporting. The program provides for careful change of quality of care as a result of intensified support.

It is the plan of the Missouri program to establish and terminate final support for all demonstration projects in this manner in order to provide the opportunity for cooperative programs with a maximum of communities in the region.

Supporting services and later innovations will continue to be made available on a financially self-supporting basis to these cooperating communities so long as these are found to be mutually helpful.

A final facet of the program is the interdisciplinary research group in the university who are studying intensively the delivery system