(A) BMP - An unusual piece of legislation.
   Early workers - Best conditions for
   invention + creativity + accuracy
   What is working? For prospective prog.
   """" not ""
   3. What are your expectations

   H.R. under analysis - are the premises
   which it was established still valid?
   Health, phy., obedience.

6. Disagreement between the phy. & research
   are not as great as the education
   between the people & the doctor for
   medical care. The average phy.
   doesn't deal with H.C.'s as
   much as other diseases. Need to
   prepare more time in the education
   process. Enlist the aid of the medical
   student to circulate among the poor
   classes to educate. Matter of dynasty,
   poor ignorance & indifference.

16. Problem of identifying the question
   to be asked in the area on
   Heart, Cancer & Strokes. Averting
   .... The Ramanujan Administration.
Notes

1. Is there any attempt to fund the knowledge gap.

2. GI - required to take as many hours as post-graduate courses. This group, far above the rest to keep ahead of the times. We try to see if it's feasible, a long past because he needs, but because he has to.

3. Found that upon a lack of information in the physician's population, not because they want to, but because they are encouraged, planned to set up an ongoing learning centers in the communities.

4. Most areas have bypassed the physiographic distance problem. Do not have the facilities. Requiring in the labor quality. Yet the facilities well enough developed so that he can use these for to the fullest of his learning. Quality of care at his disposal. Such a referral be clearly delineated. Develop a better organizational among the medical facilities.
Notes

Hope this program will do.

(A) How anyone set up a method for evaluating the phase effectiveness?

(C) Census ship? Who will do it.

(D) Hope that general-med people will address themselves to the problem in these areas. Set up guidelines.

(E) Not difficult to survey a facility. But difficult to survey the quality of care.

(F) Log. Based on knowledge gap. But what is heard does not support this.

(G) Use of public tax money. Let survey of med facilities to see if there is actually a knowledge gap. Clarification vs. education. Can upon first phase will have to ease the infra to educate himself. Training is just as important as the C & S's. These people are not as well-informed as they could be.

(H) The use of medical groups to do this is needed exist.
Notes

6. Anyone, determining what the physiologically mean.

18. Use of people to find out what's available to the patient. First find out what's available, then what's being done. Jacob of Med School, maybe soon.

17. Getting the people motivated. To ask in the manner of the med school. More turbines of what is available.

15. The knowledge gap is substantial. A look at the quality of the care being rendered. Part of Philip's post to gather to establish in criteria. Describe the way medicine is being practiced.

16. Give you see the size, much of your own in generating the

15. They are trying but to keep us usually on the sporadic basis.
Notes

Review of the chart - submitted. Very
irrational change. Do this to kind
of care called for.

1. Is this type of info you have available
to firm?

2. Anal data scattering. S.C. has
large amount of profile. Tabulating
data from counties not very valuable.

3. A more valuable source: P.A.S.
(Partial Activitie Study) Established
from All V.A. Hospitals assigned to
Massive. Not resistant from small
hang. Felt that were being put on
exhibitions.

4. Blue care will only give you
info on Army patient. Need to get
the record of the patient and the
system designed to collect this info.

5. No effective system existed in the program.
Hard to exercise any admin control without
a system. Renewed the care regimen complex
stock out 'Major' patient "related" - feel
that is a highly softatabler program to
create some money into the next fiscal
Notes

1. Have an organized course for the play. No true.

2. How can we educate the Doc. in the hooverville: What he wants and what he needs. How do we find this out?

3. Depending the respects of the case, it is not to be measure the coffers of the Del. school.

4. Not to affect the existing manner.

5. "and save--how can we afford to risk. How to form the three patients latest advances. We don't give the Doc. the facilities to practice what he desires to provide the best quality of care to his patients. State furnish the facilities to do against things of the Doc. wanted to use the other examine the community facilities. While he utilize these facilities. Has the physician the facility to do what he is able to.
Notes

1. Coexisting between phy + cancer. Heath engaging

2. Foster closer, have the public health affairs (Nira) to go into home breastfeeding
and help in training these people.

3. Both an organizational and educational problem.

4. Build up the 6.9.

4. Gap of knowledge or gap of treatment. Time the F & M is concerned with the latter. Feels that the knowledge gap is the most acute of these problems. The main center is not the ultimate. NASA to follow up is good idea. Dependence on the phy in the local area. See that his facilities are improved.

5. Facilities - build or run by or personal?


7. Become a doc. He knows there is a knowledge gap between himself and his faculty. Being TableName into the American. Now to do this.
Notes

Economic problems. Cannot bring these
people into the system. Need to retrain
and upgrade our own six years. How do you
keep in touch with the young folks
who have been out for 14 years? Delightfully
confirmed.

(12) How has S.C. T.C. system been?

(19) Red program put out. Every month
available at high schools and in the
special high channels. Difficult
to evaluate the effectiveness. 90-95
in high schools. 3-4 in many
countries. Home phone & watch it. Telephone
will arrange.

(1) Does what is taught show up in
practice.

(19) No study on this to date.
Tales about what kind of role
one is supposed to fill. What
care is given in C.I.D. What
care. Some of the communities
cannot afford support a C.I.D. A
very large amount of medical care. May
be part of mission work.
Notes

1. Does the legislation hinder the development of they?

2. Will always have the people political community should support but utility is the main.

3. Thus the program close the gap and help support a doctor in the hockeys can this could be solved under the law?

4. This will have to be decided under the planning.

5. Will this provide transportation facilities?

6. New Bill

7. Come to continue education and quality of exembers. We will have to present himself that he is still consistent. When more professors is sought (succes) guidelines will become fenses.


9. Articnary. 2. Research and develop. Average does not go into medicine. Puts neither average motivated or intelligent.

10. Basic of law that deals with crop concentration.
What steps to evolve the co-op movement?

6. Exploration of Strengths + Weaknesses:
At everyone come to mind for a full session. Group them and decide to meet 4 different times. Must go over a political lens + demographic. Then you would ask to involve by people. Needed someone to provide their full output. Core org distinct from each of the unions. Career + need called so.

1. 89-749 - as it relates to State Health Agencies

6. No pull at local level. Really don't know yet.

A. What other devices have been instilled in other areas to achieve co-op arrangements?
Notes

Monday P.M.


2. M.D. State Med. Council took the lead - the development of R.I.M.P. Med. Assn. has always taken the lead. Dean of Med. School will be the Coordinator.


4. Now, national the size, shape of the answer?

5. The people will be the area that be. The decision making group, two programs.

6. Folds it is reasonable the school in the area that would be very flexible and fluid.

7. How do you diffuse the news leadership once it is under way.

8. Brooklyny the decision group.

9. What is being done about inter-regional coordination. What is a reasonable approach, chart there more need for full time litigation.
Notes

(1) Have had two meetings on this to date, with U at Buffalo, Syracuse, and New York.
(2) Want this to take place once we all get directors on board.
(3) How do you decide what grant to go in for support?
(4) App. a panel idea to the executive council, Dr. Smith at Louisville and the exec. Council should be informed that should form a new corps on one of the existing institutions become the grade.
(5) What about bill.
(6) To be shown House in office building.
(7) Expanded on mine. Situation, Fiscal responsibility.
(8) How anyone gotten into problem with other groups.
(9) No problems at all.
(10) Minor committee set up.
(11) Most people don't know what it is all about.
(12) There is not any problem.
Notes

2. Talked about operational neglect.
   If theenuine if about 50 requests.
   Do you have all the data?
   Not really.

3. What is the over-all concept of the program?

4. Children are too diverse. Low
   population density. True year best.
   School. 27 of student in story.
   Can we make longer. Create a
   better research report in sessions.
   Maybe a part graduate training program
   in your solution.

5. Planned with WICHE, I have not
   had any real movement regarding
   impact with the Wagners.
   [Name] Montezano. No program in.
   No plan yet. Have accepted
   the challenge of the program.

7. New emerging need. Looks will
   be needed for.

8. VPA sees it as a good idea.

9. No comment.

10. Took a long time to get it
    organized. Pull of back to real
    college. No mistakes still along.
Notes

Two major stumbling blocks
1. Communication
2. Moral force

20. It is our aim to ensure these
   laws to be updated and passed
   in trying to set up a associates
   health program in this area.

21. Make sure that all groups have
   been covered. Study the region
   needs should be the first step.

A. General questions: As it
   problem.

B. Makes it difficult to explain the
   problem. Most of the people know
   the association of the word
   prevalence.

C. In essence it is need money.
   We need something to keep it going.
   If we do not try to keep it going,
   we will have to stop.

Without Med school will not be
able to keep it going. This is very
Notes

1. If rate emphasis near off inside.

3. Does not think 0a 749 in the

6. Feels the case argument approach

12. Must will be able to predict a part

15. Problem of getting the train going

19. Should be a joining of the

4. Service will be the problem.

6. People with a solid background are starting to
Human relationship of their people. "Everyone will be able to afford excellent medical care. Food, gas, electricity will be available to take for shares."

2. Turn your problem into an article.

3. Relationship to their programs.

4. No one knows what to do about the program is conflict.

5. Discussed the background of 2005.
Notes

1. Report to Congress

2. Construction may be adequate. Better:
   1. Correct Cape facilities existing program
   2. Changes in the laws.

3. Being yesterday should not allow cost. Because there are other sources.

4. Political oxygen exposure
   1. Should not alter the law at this time until more experience is gained.
   2. Community help involved. Expect for the loan. good.
   3. Feels the loan. has arisen to this need.
   4. How about the municipal areas of the cemetery. Not building hospital beds.

5. No place to set up new facilities. No funds available. If you want:
   Peo + Cont. Etc. you are going to have to provide the faculty.

6. We have set up dining centers in cafeteria.

7. Health Dept. can assist you to the funds.
13) Has not seen the need for added funds.

2) Feels it like spring practice—
we will have to wait until we play a few games.

11) Comment of yesterday on state-purposed money.

10) How the fees would not be approved until they have cooperation.

9) This should be a continuing program.

13) Have not given thought as to where other funds will come from.

1) Annual cost to keep planning going will be 4.5 mill.

11) Automatic continuation. Date good answer frugality.

12) Expanding the project to other inter-
regional programs. Not least need with
to other coordinators to see about
state call center. 13 Western states
set up central call center.
2. Start will find out the planning
   if they should be a region.
3. A patch should be set up.
   A newer recommendation should be made.
4. Inter-regional council yesterday.
5. Anything you've done to program will be research. All regions should report to
   a central office.
6. IRS Large
   - Data bank. Problem system.
   - Reservations in the area of continuing
     education
7. Before we implement we should
   know what we are doing. Info we are
   talking about.
8. 2. The major objective was to help the
   physician; is it wrong?
9. Should know where to send the
   patient.
10. We don't have enough docs and
    the distribution is poor. Physician
    medicine should be able to delegate
    the medical tasks. Office organization
    a process to bring the docs up to date.
11. The health team
Notes

1. Process of Evaluation
   - How to build in "Methods"
   - Critical evaluation. One doctor looking over case, case history
   - Devise something that is an automatic evaluation
   - Is there an evaluation source we could carry over to?

2. VA+Dashing education - give grants
   to "not from"
   - A community level of sharing

3. Make evaluation objective so many homes of post-grad. courses. Before proving
4. Evaluation of the effectiveness to the patient.
5. What is our end product.
6. End of procedure, process or create
7. Giving all patients the optimum opportunity in the first case.
8. Do his care better because of this program. He does not bother.
9. Gone to bring the people in. Do not chase the flexibility.