a greater content of service at either the same price or even at a lesser price. So look at it from the consumer standpoint. I have no doubt in my mind, and I say that unequivocally, that it can provide a greater quantity of service.

For instance, in one study in 1964, published in the November 2, 1964, issue of Medical Economics, showed that the average number of patient visits per week for a physician working alone was 112. But for a partnership or group it was 140.

Now, I don't think we should judge entirely on that basis, because you don't want to judge the quality of medical care on a quantity basis.

But in answer to your question, I have no doubt in my mind that it is more efficient from a cost standpoint now, when you are using—and, as we are going to use—in medical practice, more and more high-cost equipment, like cobalt machines, X-ray machines.

Just 1 machine for a group of 10 or 15 doctors, or any group that is necessary, can be used so much more efficiently, and thus, it helps to reduce the price of medical care, in the long run, to the consumer.

Mrs. SULLIVAN. The one thing that I did want to ask was, would the doctors pass this savings on to the consumer?

Mr. COHEN. If they do not pass the income savings on to the consumer, if they render more or better service for the same price, the consumer is still getting a benefit from it.

Mrs. SULLIVAN. I happened to belong to, I think, one of the first medical health groups, to my knowledge, that started back in the mid-thirties, back in St. Louis. And I think that they can, if they are operated correctly, render a very good service to the community.

But I am willing in every way I possibly can to help them do this more efficiently, if, in the long run, it is going to benefit the consumer. And this is something that I would like to see and have some evidence of, because we are doing more and more to help the professional man.

Mr. COHEN. I think the best evidence is this: If you take the Federal employee health benefits program, under which Members of Congress and the people in the executive branch have an opportunity to be insured, and if you analyze the hospital admissions for nonmaternity cases per thousand persons under the plan from 1960 to 1962, you will find that those Federal employees who picked a group practice plan have a lower utilization rate in hospitals than for all other plans.

Now, this is not absolutely unequivocal proof, but it tends to prove that the consumer benefits in terms of lower hospital utilization from a group practice plan which has built into it a preventive aspect; that is, where you go to the physician and associate yourself with his group, and he takes care of you when you are well and when you are sick, and where you have annual checkups, and he and the whole group can give you all the care that you need, the possibility of having a lower rate of hospital care is very great. And that would mean that you as a consumer would be paying less for hospital care as a result of group care from the physicians' services.

Mrs. SULLIVAN. In other words, it goes back to the old idea of preventive medicine. Watching through periodic examination of the patient for any indication of trouble instead of seeing the patient only when he is sick enough to be put in a hospital.

Mr. COHEN. Yes.