Thus, the care is considered of a higher quality than solo practice and with less hospitalization, less expensive to the patient.

In 1937, a group of federal employees founded the Group Health Association of Washington, D.C., which provided comprehensive out-patient care through group practice. Today, more than 60 physicians are associated with the group which also maintains a staff of auxiliary health personnel. Dental care was available at moderate rates. The plan now has about 50,000 patients. Members paid a monthly premium of about $4.50 for each adult and $3 for each of the first three children. There was a maximum charge for each family unit. This group does not impose any restrictions as to age or income.

II. Group Practice Today and Tomorrow

Group Health Cooperatives

Since 1956, the group cooperative movement has received significant impetus in the United States with the "natural marriage" of the group practice prepayment plans with the concept of the purchasing cooperative. Their growth and development, as a consequence of group practice, deserve some review here. The aim of the consumer health cooperative is to provide fully adequate health care to all families at a cost that the family can afford. The application of the insurance principle, the group practice of medicine and the principle of consumer cooperation are all at work. The prepaid group practice which provides comprehensive health care is sponsored by consumer-members. Monthly dues, initial entrance fees, etc., differ with each of the programs, but all are similar in character to those described above. The rendering of comprehensive care through group practice is fully evident. It is interesting to note that the consumer cooperatives have fostered the extension of the comprehensive services to group prepaid dental care and group prepaid optometric care—all within the framework of the health center. The important element of the consumer cooperative is the element of control by the consumer-members. The member-users elect a board of directors which retains a business manager and medical director. The former is responsible for all business and administrative affairs, while the latter is responsible for professional affairs. Cooperatives hold regular meetings to discuss general policy in which the doctors and patient-consumers may discuss general health problems. At board of director meetings, doctors are available for consultation. Group health cooperatives have found that this dynamic approach to the exchange of ideas helps to foster better health information and hygiene, and aids in promoting higher quality of services.

> The solution appears to be . . . in some administrative mechanism which will insure professional oversight of medical care within a framework of responsibility to those whose lives and dollars are primarily involved—the consumers. . ."—A. R. and H. M. Somers.[41]

The Group Health Cooperative in Seattle and the Group Health Association in Washington maintain that the factors important in providing high quality health care at minimum costs are basically four. The first and most important is the ownership and operation of health centers which are efficiently managed and professionally departmentalized. The Group Health Cooperative operates three such centers while the Group Health Association maintains two. The former operates two hospitals with a capacity of over 250 beds. The Group Health Cooperative estimates that the cost per day of maintenance of a patient, in their own hospital, averages $7 less than in an outside hospital. The second fundamental reason offered is the adequacy and dedication of the professional personnel, as well as a distribution of personnel in the various areas of specialization. The third factor stressed is preventive health care and a continuous program of health education and information. The fourth factor cited was centralized purchasing under budget control.

In the stress of prevention of illness as an important aspect of the health program the Group Health Cooperative cites in its literature that when the Salk Vaccine became available, 17,000 children were immunized. In the membership, there has not been one single case of polio. With an intensive Asian Flu innoculation program, incidence of the disease was markedly reduced while the community at large was hard hit. The group Health Cooperative cites early cancer detection, glaucoma detection, well-baby and pre-school exams as aiding in the program of prevention.

> "There is mounting evidence that medical care under prepaid group practice has a significant influence in improving the health of its enrolled population. . ."[42]

The Labor — Health Movement

In the discussion of group practice, it would be impossible to ignore the effects of the labor—health movement to foster the centralized comprehensive health care which is the hallmark of their union