

extensive teaching and research facilities, group medical practice centers, diagnostic centers and public health facilities. . . " 50

In the matter of public health organization:

"It has been demonstrated that deficiencies can be greatly lessened by group medical practice, whereby a number of physicians pool their skills, facilities and income, and coordinate their work so as to supply to ambulatory and bed patients effective personal services and high quality of care. Group practice in instances with remuneration of physicians on a salary rather than on a fee-for-service basis has demonstrated it can provide comprehensive medical care as well as care in the specialties. The extension of group practice should be encouraged. . . " 51

From the standpoint of finances, the conference concluded:

"Two trends in the current situation offer real encouragement: (1) the increasing use of the hospital as the center of health activities in the community; and (2) the growth of group practice. Both of these developments increase our potential for planning the most effective use of our limited health facilities. . . " 52

The conference recommended, among other things, expansion of health facilities through an increased Hill-Burton program of the hospital. As a base for organized, full-time group medical practice, that federal legislation should be passed which would encourage the development of non-profit group practice clinics by providing long term, low interest loans—not only to meet their need for a highly specialized type of facility, but also to recognize their significant and hopeful role in meeting the nation's health goals.

Although the conference had but 12 participants, it has received such considerable interest and attention nationally, that its resultant effect has been a remarkable one. The conferees represented some of the best minds in health administration, and they are all nationally recognized and respected. This "quiet" conference has served to crystalize the role of group practice as a vehicle for better organization of health services to meet the challenges of the future. In fact, its simplicity and clarity are beyond question. It has, in a few short months, gained the stature of authoritativeness and is quoted over and over again. What other conferences had done in the past to delineate needs, the

Kellogg Center Conference was eminently successful in deriving a blueprint for the future. And, intimately tied to that future was the furtherance of group practice.

Other Federal Legislation

Worthy of brief mention are two pieces of federal legislation which relate to or potentially relate to group practice. The first is the Federal Employees Health Benefits Program. The enabling legislation was passed late in the 1959 session of the Congress. It authorized the United States Civil Service Commission to establish, in behalf of the federal government as employer, a program of health care for all federal employees. The program went into effect in July, 1960, giving the employee the right to choose from among several plans including the one under which comprehensive care would be rendered by prepaid group. The other plans were less comprehensive and, thus, less expensive. The Civil Service Commission on August 1, 1960,⁵³ indicated that almost three-fourths of all employees chose the most expensive and most comprehensive care available in their community—that where HIP type coverage was available, it was predominantly chosen. This can, without erroneous inference, be interpreted as an expression for more comprehensive coverage. That group practice offers the organizational means for undertaking such coverage is reflected in the employees' choice. Pending before the Congress is a similar measure which would extend coverage to retired federal employees. In both instances, the federal government pays one-half the cost of premiums.

There has been considerable public discussion about federal aid for health care of the aged. Synonymous with this type of legislation has been the name of Representative Aime J. Forand. While no legislation has yet been passed (at the time of the writing of this paper) some measures, namely the bill sponsored by Senator McNamara would aid the aged by providing diagnostic care in out-patient facilities as well as hospitalization. It is clear that group practice has a large role to play in geriatric care.

The Case for Group Practice

In my opinion, comprehensive group practice has been "tested and experimented with" during the last years on a mass basis, and it is ready to offer itself as the vehicle for the future administration of health services. With greater insurance coverage, more comprehensive health services required, more emphasis on preven-