

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D.C., March 11, 1966.

HON. WILLIAM A. BARRETT,
Chairman, Subcommittee on Housing,
House Banking and Currency Committee,
House of Representatives,
Washington, D.C.

DEAR MR. CHAIRMAN: At this point in the record of the Subcommittee on House hearings to consider H.R. 9256, which would provide loans from the Federal Government for group practice facilities construction, I would like to introduce for the committee's consideration statements by two of my constituents, speaking on behalf of the Group Health Association of America, Inc. They are: Dr. Dean A. Clark, director, Program in Medical and Hospital Administration at the University of Pittsburgh School of Public Health, whose statement is entitled, "Organization of Medical Care in the 20th Century Imperative," and Dr. Leslie A. Falk of Pittsburgh, Pa., who expresses his views in a letter to you. It is their view that this legislation will make mortgage insurance available for group facilities which will bring expert health care to the patient and enable physicians to draw on the combined talents of their colleagues.

Sincerely,

WILLIAM S. MOORHEAD.

ORGANIZATION OF MEDICAL CARE IN THE 20TH CENTURY IMPERATIVE

(By Dr. Dean A. Clark)

A virtual explosion of medical knowledge during the past 30 years has vastly increased the power of modern medicine to save life and restore and preserve health. It has produced antibiotics, vaccines, and hormones that are true miracle drugs for the prevention and cure of disease. It has introduced isotopes and electronic tools for diagnosis and treatment. It has advanced surgery and anesthesiology to new levels of lifesaving. It has brought rehabilitation to helpless and hopeless cripples and returned them to useful life.

The explosion of medical knowledge has revolutionized the way doctors work. The day has long passed when any single physician—no matter how talented he may be—can hope to provide to any one person the best of medical care in all of the many areas of medicine.

Application of the vast body of new knowledge requires a battery of complex, expensive facilities and equipment—mechanical, chemical, electronic—for diagnosis and treatment. Specialization has necessarily grown by leaps and bounds. But as medical care has become more effective, it has grown more complex and more fragmented.

The struggle of the doctors to achieve effective organization of medical care has been in progress for decades and takes many forms. The full range of specialists are associated in organized fashion in medical schools and medical school teaching hospitals. The association of specialists in single and multiple specialty groups also continues to increase. They find professional satisfaction and improvement in their combined medical competence through mutual association, as well as economy in the joint use of equipment and supporting personnel.

Yet the medical school, teaching hospital and specialty groups find it almost impossible to provide the complete family medical care that consumers need and expect. They do not wish to waste their talents on the coughs, colds, and bellyaches that constitute the numerical bulk of family health concerns.

Medical group practice carried on by a balanced team of family physicians and specialists has been evolved by some members of the medical profession as their answer to the problems of both the physician and the consumer in organization of modern medical care. Such medical groups provide the full range of immunizations and other preventive services to maintain health diagnostic services, and care of minor illnesses as well as of major medical and surgical problems. These medical group practices have evolved into two general types:

1. Physician owned group practices which deliver care to patients on a fee-for-service basis. These group practices, in general, provide fine service. In general, they have no problem in obtaining financing, but this bill would