

of hospital beds which a community needs smaller than is the case otherwise, and there would, therefore, be a great saving in the very expensive capital funding involved in the creation of new hospital beds. A new hospital, once it is in operation—whether fully occupied or not—becomes a fiscal drain on the community, and what may be even more serious, it creates a demand for those health professionals who are already in desperately short supply, primarily physicians and nurses.

Group practice is a much more economical method of practice for physicians. Instead of each of the 18 or 20 internists in our medical group having an inefficiently operated office with an individual laboratory, X-ray and fluoroscopic machine in each office used part time, an inefficiently utilized secretary and receptionist, etc., by working together in one area, 2 fluoroscopic machines can serve not only the 18 or 20 internists, but the other doctors within the group as well.

These virtues of group practice are not newly discovered, but with the advent of medicare, where 19 million older Americans, who have a greater medical need than the rest of the population, will now be able to have their hospital care and doctor's care financed, it is incumbent upon us to examine and encourage every device which will assure patients the services they require with the minimum use of the expensive inpatient hospital service and by the most effective methods of providing doctor services.

It is clear that the hospital will more and more be the center of medical care—it will become more complex and costly. If we are to have a health system high in quality and economical in operation, we must, therefore, use the hospital bed more carefully than we have heretofore, always, of course, the patient's needs being primary.

To insure quality and economy, we must figuratively narrow the entrance to the hospital and broaden the exit. Since the hospital entrance lies in medical practice, group practice must be encouraged because it is the sound way to integrate specialty services, it produces high-quality care, and minimizes hospital use. The hospital exit can be broadened by extensive use or organized home care and by an adequate nursing home establishment in this country.

There is no question that in addition to the fiscal considerations, the patient is much better served by the arrangements suggested rather than by occupying a hospital bed he really doesn't need.

I would be pleased to meet with you and your committee if you would deem that to be of use to you in your deliberations.

Sincerely,

MARTIN CHERKASKEY, M.D., *Director.*

AMERICAN OSTEOPATHIC ASSOCIATION,
COUNCIL ON FEDERAL HEALTH PROGRAMS,
Washington, D.C., April 5, 1966.

Hon. WILLIAM A. BARRETT,
Chairman, Subcommittee on Housing, House Committee on Banking and Currency, Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: The American Osteopathic Association respectfully requests that H.R. 9256, a bill to amend the National Housing Act to provide mortgage insurance and authorize direct loans by the Housing and Home Finance Administrator, to help finance the cost of constructing and equipping facilities for the group practice of medicine or dentistry, be amended by inserting the words "or surgery" after the word "medicine" in line 3, page 10, so that the definition of group practice facility will read as follows:

"(2) The term 'group practice facility' means a facility in a State for the provision of preventive, diagnostic, and treatment services to ambulatory patients (in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State) and which is primarily for the provision of such health services by a medical or dental group." (*Italic supplied.*)

The purpose of the amendment is to assure eligibility for participation of group practice facilities in which patient care is under the professional supervision of doctors of osteopathy whose license to practice includes surgery. Doctors of osteopathy are so licensed in 39 States and the District of Columbia.