STATEMENT OF EDWARD F. CALESA, PRESIDENT, HEALTH LEARNING SYSTEMS INC., BLOOMFIELD, N.J., ACCOMPANIED BY EDWARD SALTZMAN, EXECUTIVE VICE PRESIDENT, HEALTH LEARNING SYSTEMS INC.

Mr. CALESA. Would you like me to begin, Mr. Chairman?
Senator NELSON. Pardon?
Mr. CALESA. Should I begin?
Senator NELSON. Go ahead.
Mr. CALESA. First of all, let me thank you for inviting me today. This is our very first time here in the Senate building, and we are very excited about it.

I am here with Edward Saltzman, who is executive vice president of the Health Learning Systems. Ed Saltzman and I are pleased to be here to answer your questions about our contribution to medical education.

We contribute through two separate corporations with one common objective—improving the quality and lowering cost of patient care through meaningful education.

The Health Learning Systems Corp. achieves this objective by providing continuing medical education for physicians, interns, nurses, and other allied health professionals; and the HLS Press Corp., through health education directly for the patient.

We will concentrate today on Health Learning Systems.

The primary reason for our existence is to help translate medical research findings from branches of the National Institutes of Health and university-based medical centers to improved patient care. The need is based upon the fact that new research findings reportedly double every 7 to 10 years, and affect numerous aspects of prevention, diagnosis, management, and rehabilitation of disease. More importantly, these findings are not adequately reaching the practicing physician for clinical application with the patient. This concern is well recognized by the Congress in its direction to the National Institutes of Health.

To effect change, there is a need for continuing medical education through improved communication techniques. The need for continuing medical education of practicing physicians is well documented by every major study in medical education. It is further substantiated by the American Medical Association, 9 medical specialty societies, and 14 States, all of which require that members participate in a fixed number of education hours to maintain their membership; 5 States have education requirements to maintain their license in that State; 3 more States will institute relicensure laws by January 1978. All medical specialty boards and subspecialty boards have endorsed recertification examinations.

Mr. GORDON. May I ask a question here?
Mr. CALESA. Sure.
Mr. GORDON. How do you get the scientific information which is developed at NIH and various educational institutions? How do you collect the information you wish to transfer to the practicing physician?
Mr. CALESA. From the medical advisors whom we work with on the various programs we develop. I think we will cover that when we get to the medical advisers.