needs the best care, the most critical time, he often doesn't get it in the community. So we still have this problem, I think.

Dr. MARTIN. This is an organizational problem and we must, on our side as practicing physicians, meet this, to organize ourselves.

Mr. ROGERS. Yes. And I don't know anybody who is really doing anything about it.

Dr. MARTIN. There is research going on in this.

Mr. ROGERS. I don't think we have taken any steps.

Dr. MARTIN. I think your action in setting aside money for experiments in care have changed the face of medical schools. It will get interest in this and get the fellow who is giving good care to go out and begin to try to find out how do we all do this.

Mr. ROGERS. Now, in getting back to, let us say, a 4-year doctor, which I think we may want to consider, our other programs should tend to buoy up this man. For instance, the heart, cancer, stroke regional medical center. Wouldn't this tend to make him put the facilities of the experts right at his fingertip in his office?

Dr. MARTIN. I think that this would help him but I think that nothing that I know of still will replace at the front echelon the well-trained mind that has the depth of perception that is necessary.

Mr. ROGERS. I would agree with you. I think it is, of course, better if we can get a specialist to see you every time for whatever you may have. This would be the best. But where this is not possible for people, then kind of a feldcher system where the man comes in, can take his cardiogram and then this method that we are trying to work out, regional medical programs which they have set up already in some of the areas, they shoot that into the medical center and it is completely diagnosed by the very top experts, and this man doesn't rely on this man nor is he expected to, and it comes back to him with a suggestion, here is this and here is the treatment this man ought to be having. He takes all of the tests, all of the laboratory tests, and they go in and they are analyzed by the experts and they come back, and this isn't the feldcher doctor that is doing this.

Dr. MARTIN. You are talking about the multiface screening clinic at Kaiser where you can go through the screening process without even having the physician see you until the end, after the data is gathered. But there is never any substitute for that well trained mind sitting down and covering the data.

Mr. ROGERS. Well, but what we are thinking of is trying to get medical assistance to people who need it and then getting the experts pulled in.

Dr. MARTIN. I am with you 100 percent on the medical assistants, but let's don't call him a doctor because maybe he doesn't even have to go 4 years.

Mr. ROGERS. Well, of course, this could be a decision made. Should he? I would think he probably should have a basis of at least four so that he——

Dr. MARTIN. The program at Duke, some of the people, you know, who are being trained as medical assistants at Duke have less than 4 years. Dr. Amos Johnson, if you have heard his story, he has a man who is a high school graduate who is his assistant, gathers this kind of data for him, but there is no substitute in the end for that well trained brain to drop you down the right chute in care, and a computer