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REMARKS BY

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AT CONFERENCE ON

REGIONAL MEDICAL PROGRAMS

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REMARKS ON REGIONAL MEDICAL PROGRAMS (P.L. 89-239)

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by
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I am pleased to have this opportunity to add my voice and that of the AMA to those who will participate in this meeting discussing Regional Medical Programs. I am sorry that previous commitments will not permit me to stay on with you in the succeeding days, but my interest will remain with you regardless of my absence.

As everyone here knows, scientific advances have tended to divide and stratify our profession, not only in what we do but in our principal interests. As we become more specialized and diversified, it should be recognized that we become more interdependent. To counteract this divisiveness we should set ourselves to the task of formulating plans to assemble dissimilar elements of health service into an integrated whole.

The problem posed in this endeavor is a mode of accomplishment of this task. How shall we do it? We in the medical profession tend to favor the retention of systems "that work" and do best within our resources, to proceed in an evolutionary fashion, perhaps more cautiously than suits the taste of everyone. While we are not "the last to lay the old aside", neither in clinical practice do we tend to be "the first by whom the new are tried."

Government, on the other hand, a financing rather than a service mechanism, with its great resources of money and influence, has the capacity, and I would say inclination, to effect rapid and major changes in patterns and procedures. Between the cautious and the precipitant approaches there is often conflict, even though the objectives of both approaches be the same.

We are present in this conference not to emphasize our differences but to determine as best we can how the resources of government under the law can best be directed toward the health care system that is primarily serviced by the private sector.

The origins of Public Law 89-239 to my knowledge are to be found in the Report of the President's Commission on Heart Disease, Cancer and Stroke, from which document, certain of its recommendations were selected for legislative implementation. As I understand it, it is extremely difficult to reproduce in the language of the law, exactly what a narrative report contains. But it seems reasonable to assume that the sections selected for the Bill retain some relationship to that report from whence they originated. And thus the Senate Bill 596 was interpreted by the profession, as recommending areas of service provision called "complexes" that described not only highly specialized medical and surgical treatments in a medical school center but also diagnostic and treatment stations in the periphery. We inferred that this, a closed entity of indeterminate size, excluding others already practicing in the area, was intended to demonstrate in a disparaging way perhaps, the inadequacies of our physicians. A quantitative capability to replace these physicians or a visible means of improving their capacity to provide health care did not appear feasible under this plan. This we viewed not only as an unwelcome intrusion, but also something extremely confusing to the public as well.

The raison d' etre of such complexes we learned was the provision of services to people who were the target of the legislative thrust, based on the allegation that a barrier of ignorance of what was new impeded the flow of health care through current conventional channels.

Believing the premises upon which these actions were based to be false, and concerned that this was a revolutionary change in the system of health care not in the public interest, the AMA did not support the legislation.

Then, later, several of us from the AMA were on a mission to Washington to advise the Department of Health, Education and Welfare regarding the new P. L. 89-97. Hearing the passage of the legislation on heart disease, cancer and stroke in the House of Representatives was imminent, we reported to President Johnson our belief that passing this the Senate version upon the heels of Medicare would be repugnant to the physicians of the country and would adversely affect their attitude toward any and all federal support programs, especially Medicare.

As a consequence, a revised version of the Senate Bill was prepared with the assistance of the AMA. It passed the House, prevailed in Conference Committee and became the law.

It is the AMA's interpretation of P. L. 89-239 and its regulations, that services will be given incident only to the needs of education and research, that the program, rather than a geographic entity, is a sphere of influence, largely educational intent and capable of exchanging information and personnel between the center and the peripheral institutions which are now called hospitals.

With this understanding--rather than with any definitive interpretation by the National Institutes of Health I must honestly add--I have recommended the program to the constituent and component parts of the AMA in counties and states and they have responded not only as members of local advisory groups, but also by leading in the application for approval of programs.

Our search for another mechanism in this country for postgraduate medical education and the adaptability of P. L. 89-239 as an excellent model for such a purpose, have led me to give public support to the use of this legislation for educational purposes. I feel that the impact of P. L. 89-239 if used in this way, on the health care of the nation will be infinitely greater than if implemented primarily in another fashion. The dissemination of the program's influence through the physician, especially those at the periphery, will be broader than if its substance is used up on services to a limited number of individuals.

To conclude on the note on which I began, I believe the assignment of roles in an integrated system will best be determined by a cooperative effort on the part of all segments of the profession rather than if it were made by legislative edict. It is true that differences in roles will be perpetuated by variations in breadth or depth of education and training, by the complexity of the skills required of us and by the character of the occupations we elect to pursue.

The scarcest and probably the most essential element of the program is the educational and research center, where one might anticipate the most refined knowledge and techniques to be found. Inherent in this recognition is the hazard that judgments of high position in a vertical scale will disparage any other contributor to the whole scheme. Other contributions while less refined perhaps, may be equally valuable. For that reason I hope communication within the program will be open, free, mutually respectful and multidirectional.