

'Medex' Program Found to Be Increasing MD Efficiency

Hospital Tribune Report

SEATTLE—Preliminary data indicate that physicians working with "medex," specially trained assistants, have increased the doctors' capacity to provide patient care by more 50 per cent, according to Dr. Richard A. Smith, Associate Professor of Health Sciences at the University of Washington.



DR. SMITH

The first group of 14 medex, all former military medical corpsmen, have now completed their training in the U.W. School Medicine's MEDEX (Médecin Extension — "extension of the physician") program. Ten are in their second year with overworked family practitioners in Washington state, performing many physician tasks not requiring the sophisticated training and knowledge of a physician, Dr. Smith said.

Dr. Smith, who developed MEDEX and heads the program at the University of Washington, said that the Washington State MEDEX program studied 18 practice

units to determine the impact of medex on the productivity of physicians. Nine practices employing medex were matched with nine practices without the new type of health professional.

There was a mean increase of 40.4 per cent in the number of patient visits recorded in the offices of doctors with medex, compared with 1.3 per cent in the offices without medex. The mean increase in patient visits was 50.2 per cent for the five practices available for study that were composed of a solo practitioner with one medex. Data were recorded for the year before medex arrived and the year after they arrived.

The MEDEX program, Dr. Smith reported, is now operational in six medical schools, which presently have 84 medex in practice or preceptorship in 14 states.

"Physicians control the innovation, guide it, maintain full responsibility and control of the medex, and assure the maintenance of quality," he said. "The uniqueness of MEDEX is multifaceted. Its competency-based training approach—uses a medical institution for three months of intensive didactic and clinical training, followed by a 12-month preceptorship (on-the-job training) in a practicing physi-

cian's office. Thus, the largest untapped pool of medical educators—practicing physicians—provide the bulk of the training for this professional.

"The medex is hired and supervised by the physician who trains him. Those general practitioners most in need of additional help are chosen to train medex. Thus, this deployment system places primary health care manpower in areas of need. The necessary receptive framework for this new professional is developed by using many techniques of community psychiatry."

The MEDEX technology was described in detail by Dr. Smith in the September 6, 1971, issue of the *Journal of the American Medical Association* in an article entitled "A Strategy for Health Manpower."

Various kinds of health manpower can be trained utilizing the MEDEX approach, using nurses, former military corpsmen, or persons without previous medical training, Dr. Smith said. A member of WHO's International Task Force for World Health Manpower, he noted that "part of the program's objective is to adapt the concept's techniques of training and deployment of health personnel to the existing needs and available resources in many areas."

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