

PLYMOUTH CLINIC
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PLYMOUTH, NORTH CAROLINA 27962

December 13, 1967

Dr. W. C. Davison
Medical Consultant
The Duke Endowment Foundation
1500 North Carolina National Bank Building
Charlotte, North Carolina

Dear Dean:

The delay in writing you and others has been due to a dual battle between an intestinal flu and an attempt to keep going. Am happy to report that my recuperation is progressing nicely, have lost no time at work, and my "bay window" has mildly decreased!

The visit which you, Mr. Pickens, Mr. Felts, Mr. Rowland, Mr. McCall, and Mr. Cotton paid us on November 29th is deeply appreciated and will be long remembered. To know that each of you would travel such distances, through sheer interest in trying to help, gives us a tremendous boost. It was a real pleasure for us. Mr. Cotton's summary and recommendations will be forwarded to you and the panelists when these are received.

Miss Kathryn Montague, as usual, did a magnificent summarization of our last conference in Durham on November 18th. Copies are enclosed. Although the arduous problems remain, new significant modes of approach now seem imminent and we hope that you will be back in the country in time to moderate the next conference.

Last Thursday, December 6th, we were pleased to have Mr. J. C. Mau, Mrs. Kay Andreoli, and Miss Ingels to visit with us. Miss Ingels is now with the Rockefeller Foundation and is interested in the physician's assistant program. Mr. Paul Moson, our present physician's assistant, has been a tremendous help to us. More about this later.

We are anticipating the probability of a third physician joining our staff in January, 1968. The matter of obtaining a good qualified man has been quite difficult, but we trust that this will solve some of our immediate problems. The financial burden of purchasing Dr. Jeter's share of the Clinic will fall upon Dr. Papineau and me. If the new physician is satisfactory and desires to buy into the Clinic, then he may do so on his terms at a very reasonable sum at the end of the first year. He also will be accepted as a full partner at that time. I might add that we are having to pay considerably more than anticipated this first year in order to obtain

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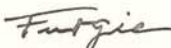
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the right man. Our next aim probably will be an OB-GYN man. Mr. Cotton and our other advisers in Management, Inc., believe this approach is better than selling the Clinic to the county and then leasing it back from them. It's a tremendous financial obligation for Dr. Papineau and me to assume but we have a deep moral obligation to Mrs. Jeter and her family which we somehow shall fulfill.

Incidentally, we are working on the educational problems here. Amos Johnson (as a member of the Governor's Commission to Study Public Schools) accepted an invitation to speak here last Monday night, December 11th, to the Albemarle Schoolmaster's Club which includes ten eastern North Carolina counties. At 3 P.M. he phoned me that he was completely fogged in at Garland with visualization of only about ten feet! He had contacted the Raleigh-Durham Airport who informed him that driving conditions would be extremely dangerous Monday night. So a loud speaker with telephone hookup was obtained and Carolina Telephone and Telegraph Company did a splendid job with excellent reception of his speech, plus question and answer period. He emphasized the need to cross county lines. I understand Senator Erwin wasn't so successful on a similar attempt in Durham recently, but someone accused Terry Sanford of climbing on the roof and cutting the cable! An additional building is now under construction adjacent to our new high school building. This will be separate, all-electric, and completely air conditioned. The entire first floor is to be occupied by the library which is being planned for individual tape recordings and TV screens. We, of course, don't have the finances to complete this goal as yet. Perhaps you may call it "Project Bootstrap"!

Best wishes to each of you and your families for a very Merry Christmas and Happy New Year.

Sincerely yours,



E. W. Furgurson, M. D.

EWf/mvd

Enclosures

Copy to all participants.

Conference on Community Medical Services

Eighteen panelists -- physicians, consultants, administrators, and others interested in community medical problems -- met Saturday, November 18, 1967 at 9:00 a.m. in the conference room of The Duke Endowment Durham Office. Dr. W. C. Davison was moderator.

Those attending were:

Dr. William N. Anlyan, Durham	Dr. Jacob Koomen, Raleigh
Mr. Horace Cotton, Albemarle	Dr. C. B. Lyle, Chapel Hill
Dr. W. C. Davison, Roaring Gap	Mr. J. C. Mau, Durham
Dr. E. Harvey Estes, Durham	Dr. Manson Meads, Winston-Salem
Dr. E. W. Furgurson, Plymouth	Dr. M. J. Musser, Durham
Mr. John Hayes, Durham	Mr. Marshall Pickens, Charlotte
Mr. W. N. Henderson, Raleigh	Dr. R. A. Ross, Chapel Hill
Dr. Robert Huntley, Chapel Hill	Dr. A. M. Stanton, Plymouth
Dr. Amos Johnson, Garland	Dr. Isaac Taylor, Chapel Hill

Dr. Furgurson opened the meeting by commenting on the sudden death one week ago of Dr. R. Vernon Jeter and on his dedicated service to the patients at The Plymouth Clinic.

It had been decided at the first meeting of the panelists, September 30, that a Model Community Plan, coordinating hospital and clinic services, would be the most feasible solution to provide medical health services in Plymouth, North Carolina, where it is becoming increasingly difficult to attract a sufficient number of general practitioners. This problem is of concern today not only to the people of Plymouth, but also to those of many communities in the United States. Dr. Furgurson expressed his gratitude for the excellent assistance which had been given by the group present today.

Dr. Davison inquired how the physician's assistant is working out at Plymouth. Since the assistant has been serving only one week, Dr. Furgurson said it is too early to judge. However, he is doing an excellent job of taking patients' histories, writing discharge summaries, and assisting with physical examinations, x-ray studies, and laboratory procedures. He is gradually being accepted by the people, but probably would not yet be accepted on house calls. The Model Plan would be even more effective if physician's assistants who are sent to Plymouth and similar communities could remain permanently rather than for a few months. Their services would be of greater value because of better training, and they would be accepted, in time, by both patients and clinic staff. Dr. Estes suggested that it might be necessary to have one man

as a permanent "teacher" with young men rotating under his supervision in these model plans. He felt that in the combination of hospital and clinic, a physician's assistant would be able to find "his niche." Various media -- newspapers and radio -- have been used by The Plymouth Clinic to inform the people of the assistant's arrival and medical qualifications.

Dr. Johnson pointed out that the assistant eventually not only will become self-supporting, but also will be doing enough work to carry his own salary. Charges, perhaps adjusted downward, should be made for some of the duties which he performs on house calls (example: changing catheters). While he does not replace technicians and staff, he should relieve the doctors so that they can see more patients, Mr. Cotton commented. If, with the aid of an assistant, three doctors can do the work of four and the assistant does enough work to make his own salary, there should be actual gain in money, as well as service.

The discussion then shifted to the problem of increasing man power, particularly among personnel other than doctors who render various health-care services. Physical facilities are greatly needed; there is not space even in the larger medical centers in which to put more people. Along with money for capital improvements, however, more operating funds are needed. It was generally agreed that we must learn how to centralize medical care services, possibly by establishing community hospitals around which clinics would cluster. It is important to develop test models in critical areas of North Carolina.

Dr. Johnson stressed the point: "To provide health-care services there must be, coincidental with the training of medical personnel, training of more people to use this personnel."

New models of medical care, such as the Caswell County enterprise, were cited. Dr. Huntley commented on its progress and operation.

Dr. Davison presented the matter of malpractice insurance and said that the companies in our state handling this type of insurance have already been polled with respect to possible suits.

Plans for attracting potential students to the field of medicine were discussed briefly. Dr. Davison feels that Career Days in high schools often stimulate interest. One advantage of the "rotation program" now being tried in some areas is that it points out the amazing opportunities in practicing in small towns, provided there is a hospital within easy reach.

In response to an inquiry by Mr. Henderson, the value of scholarships and loans made by the Medical Care Commission and similar groups was reviewed. It was the feeling that the residency period is the most crucial one for the potential doctor to finance.

The discussion then turned to the problem of specialists versus generalists. Dr. Anlyan suggested that since solo practice seems to be a thing of the past, plans for young couples, or clusters of such couples (in which the husband is going into the field of medicine), would be one of the best ways to attract more young doctors to suburban communities. Dr. Johnson noted that at present almost every physician uses "group practice" to a certain degree. As an example he mentioned his own telephone calls to the Duke and U. N. C. Medical Centers when he desires advice or further services from specialists there. Group practice is often an ideal arrangement when there are adequate hospital facilities available to or in conjunction with a clinic. Mr. Pickens mentioned the arrangement developed by several small towns, such as Banner Elk, Sparta, and Sylva. Rural people have often been "spoiled" by having the doctors make frequent house calls. Mr. Pickens stressed the importance of providing good medical centers and then educating the public to go to these clinics an/or hospitals where facilities are available to give them better care.

The Caswell County Plan was reviewed by Dr. Huntley. Centralization of medical facilities is a necessity, Dr. Estes agreed, but he raised the question "How big should the 'clump' be?"

Another important problem considered was that the need for physicians' services today seems often to be overpowered by political pressures. George Paschall's committee was mentioned as possibly beginning to work out a solution. Non-political type institutions must be provided.

During a discussion of the great expectations in the Regional Medical Programs, Dr. Musser asked: If the people could realize that the establishment of Regional Medical Centers would be a real help, then might the sense of isolationism in rural communities be partially overcome? Dr. Johnson thought something temporary was being identified in this view. He considers it absolutely essential that small communities develop excellent educational, social, and other facilities for doctors and their families, not merely a good medical center nearby, if these communities are to solve their problem of attracting young general practitioners. Dr. Furgurson then presented briefly the plans along this line which are presently under consideration in the town of Plymouth. With

respect to boundary lines, Mr. Pickens mentioned that frequently three counties could combine and support a hospital or other health facility whereas one county alone could not. Some of the people, of course, would have to cross county lines to obtain medical care.

Problems brought on by the shortage of man power in the various professions which are involved in medical services were reviewed. Dr. Koomen noted that Public Health is an attractive career. As the older physicians in this field (71 percent) reach retirement, there will be need for a larger number of trained administrators, not just doctors. Possibly dentists can be trained in this capacity; Dr. Meads suggested the consideration of pharmacists also. The traditional line between public and private health seems to be disappearing. Most of the panelists felt that persons with a college background have a certain self-confidence and maturity in associating with and working with doctors that the average high school graduate lacks. Dr. Estes commented that "many things now point toward the need of a college background." The Physician's Assistant Program at present is not a "degree program"; however, it may eventually become one.

The remaining panelists offered their ideas and questions on the matters discussed during the meeting today. Dr. Koomen then presented an excellent summary.

It was suggested that this group of panelists, with the addition of a few others who are interested in community medical problems, continue to meet quarterly. The idea of having one or two representatives from the group appear and possibly speak at a hearing scheduled January 5, 1968, was approved. The problem -- the grave importance of the crisis in providing better health care -- has been defined, but the question remains: Where to go to resolve it?

The meeting was adjourned at noon.

Kathryn L. Montague
Acting Secretary