

PLYMOUTH CLINIC

P. O. BOX 217 PHONE 793-4155
PLYMOUTH, NORTH CAROLINA 27962

October 24, 1967

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

Dear Dean:

We have replies from ^{twenty} sixteen of the twenty inquiries. The vast majority preferred Saturday morning, November 18th. We regret that Dr. George Paschall and Dr. George Wolff are unable to attend on either date. All the others accepted the invitation for November 18th. ~~We hope to have an affirmative answer from the other four participants soon.~~ Dr. Robert Ross also will be able to join us.

The participants have expressed a desire to continue the discussions on Community Medical Problems, so a brief progress report will be made which will be followed by a general discussion by all.

Mr. Pickens again has arranged for us to meet at 9 o'clock sharp in The Duke Endowment Conference Room (3329 Chapel Hill Boulevard, Durham, North Carolina) and will adjourn about 11:30 A.M. A short social hour will follow. It has been necessary to change the place of the luncheon to the upstairs in the Duke Student Union Building (near the Chapel). This will be served from 12:30 P.M. to 1:30 P.M. and, as you know, is within walking distance to the stadium so that there will be plenty of time to get to the football game. Mr. Pickens would like to know how many guests may be present for the luncheon and all those attending the conference are requested to return the enclosed cards as soon as possible.

Dr. M. J. Musser and Mr. John Hayes talked with our County Board of Commissioners, the local physicians, and Hospital Trustees in Plymouth last night. Their presentations were excellent and I think real progress is being made in our local problem. Much interest was created by their presentations and copies of this discussion will be forwarded to each panelist.

We are again indebted to these distinguished consultants for their time and contributions and we look forward to seeing each of you on September, 18th.

Sincerely yours,



E. W. Furgurson, M. D.

ENF/mvd

cc: To all participants.

Dear Dr. Anlyan:

Many thanks for your letter and the constructive suggestions therein. Please know that they are being followed and are being forwarded with pleasure to seeing you on the 18th. - Furgurson -

81-102

A meeting was held in the Executive Conference Room of Weyerhaeuser Company, Plymouth, North Carolina, October 23, at 8:00 p.m.

Dr. Ernest W. Furgurson began the meeting by introducing the principal speakers, Dr. Jim Musser and Mr. John Hayes of The Association for the North Carolina Regional Medical Program.

Attending the meeting were:

Dr. Alban Papineau
Dr. R. Vernon Jeter
Dr. Claudius McGowan
Dr. W. J. Highsmith
Dr. and Mrs. A. M. Stanton
Mr. John Outten - Administrator, Washington County Hospital
Mr. Leroy Ange - Board of Trustees, Washington County Hospital
Mr. C. J. Belch - Board of Trustees, Washington County Hospital
Mr. W. Blount Rodman - Attorney and Board of Trustees, Washington County Hospital
Mr. W. R. Flowers - Mayor, Town of Plymouth and Board of Trustees Washington County Hospital
Mr. T. Reynold Spruill - Mayor, Town of Roper and Board of Trustees, Washington County Hospital
Mrs. Hugh Brown - President, Washington County Hospital Auxiliary
Mr. W. W. White - Chairman, Washington County Commissioners
Mr. Corbett Hassell - Washington County Commissioners
Mr. Harry Pritchett - Washington County Commissioners
Mr. Russell Owens - Washington County Commissioners
Mr. P. W. Brown - Washington County Commissioners
Mr. David M. Fisher - Area Manager, Weyerhaeuser Company
Mr. Curt Welbourne - Radio Station WPNC
Mr. Doward Jones - The Roanoke Beacon

Dr. Musser presented a brief history of the North Carolina Regional Medical Program. The Program provides for the mobilization of all the sources to be utilized at a community level and insists that whatever planning is done be done on a local level. It is mainly concerned with heart, cancer, stroke, and related diseases. Dr. Musser stressed the point that we must be very careful to satisfy ourselves as to what the problem is. "We would like to think that you folks can begin to think about your health problems here in Plymouth on a broader basis than more beds or new doctors, but about what can be done to broaden your health care, so that every patient may get what he needs most." The North Carolina Regional Medical Program cannot construct; it can only assist in terms of people and equipment.

Dr. Ferguson stated that in a five-county area of Washington, Watauga, Martin, Hyde and Tyrrell, there are only forty doctors of which two-thirds are located in Washington, North Carolina. In discussing the possibility of a five-county medical society, it was generally agreed upon that a way must be devised in cross county lines in order to deliver health care to the people in areas that are deficient in doctors and equipment.

Mr. C. J. Selch of Washington County Hospital Board of Trustees mentioned a survey made a few years ago for the Washington County Hospital that did not indicate that a new hospital was needed; however, after some discussion, it was agreed upon that the survey is now outdated and before any steps are taken, a new survey would be advisable. Dr. Ferguson stated that we not only have the problem of building a new hospital, but also the problem of staffing it because it is becoming increasingly difficult to attract young physicians to rural areas. Dr. Huggins commented that the Duke Endowment may provide a possible solution to this problem.

In discussing the possibility of constructing a new hospital, Dr. Ferguson pointed out that Weyerhaeuser Company has purchased a twenty-three and seven-tenths acre lot on Highway 84 as a possible site for a new hospital; therefore, the land is available if and when the feasibility of a new hospital is determined and definite plans are made.

Mr. David M. Fisher commented that the North Carolina Regional Medical Program, as he understood it, could not construct but could only complement those facilities that we already have.

The meeting adjourned at 10:35 p.m.

Duke University Medical Center

DURHAM, NORTH CAROLINA

OFFICE OF THE DEAN
SCHOOL OF MEDICINE

October 24, 1967

POSTAL CODE 27706
TELEPHONE 919-684-3438

Dr. E. W. Furgurson
Plymouth Clinic
P.O. Box 217
Plymouth, North Carolina 27962

Dear Fergie:

Thank you for your letter of invitation of October 14. I would prefer November 18, since I am tied up with our Medical Alumni Reunion on November 11.

Since our last meeting I have had the opportunity to discuss briefly with Dr. Amos Johnson and Dr. George Paschal the fact that the three Medical Schools and the leaders in the State Medical Society should start afresh looking at new patterns for the delivery of health care rather than to try doing patch-work as we have tended to do in the past in finding a single physician for a particular area. In the last meeting Dr. Amos Johnson put his finger on the heart of the problem, namely, to set up a delivery system for health care based on accessibility of health care within a radius of 30 minutes travel time. Therefore, I would suggest that we look at the total problem and identify how we go about setting the gears in motion to structure some pilot models. We are particularly fortunate that the Heart, Cancer, Stroke program is accumulating the kind of data in their planning study on which objective decisions can be made.

Looking forward to being with you, with every good wish,

Sincerely yours,

William G. Anlyan, M. D.

WGA:dm

cc: Dr. W. C. Davison
Dr. E. Harvey Estes
Mr. Marshall I. Pickens
Dr. Amos Johnson
Dr. George W. Paschal
Dr. M. James Musser

81-18

Letter

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PLYMOUTH, NORTH CAROLINA 27962

October 14, 1967

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

Dear Dean:

Thank you for your recent excellent and informative letters. Also, we are grateful that you have again agreed to moderate our next conference.

Mr. Pickens has suggested Saturday morning, November 18th, ^(was as first) as a good time. This is the date for the Duke-Carolina football game and the meeting could again begin at 9 o'clock sharp in The Duke Endowment Conference Room (3329 Chapel Hill Boulevard, Durham, N. C.) and will adjourn not later than 12 noon. You have suggested Saturday November 11th or November 18th. A poll of the participants therefore will be made as to which date they prefer. Mr. Pickens (courtesy of Duke Endowment) again invites all participants to a luncheon so that those going to the game will not be delayed.

A brief progress report will be presented regarding the conference on Community Medical Services. Topics for the agenda are being requested from each participant and a tentative agenda will be sent to each panelist for their suggestions and alterations.

Copies of this letter and notes on the previous conference are being sent to all participants. The notes are essentially factual and we are indebted to Miss Montague for an excellent job. We hope that each panelist soon will return the questionnaire below.

We again anticipate an invigorating and creative conference.

Sincerely yours,

Ernest W. Furgurson
E. W. Furgurson, M. D.

ENF/mvd

1. I can attend the conference on either date (Nov. 11th or Nov. 18th).
2. I prefer _____
date
3. Suggested topic (s) for agenda and comments.

Signed _____

Conference on Community Medical Services

On the invitation of Dr. Ernest W. Furgurson of Plymouth, North Carolina, twenty representatives including general practitioners, other physicians, consultants, administrators, and business management officers interested in medical health services met Saturday, September 30, 1967 at 9:00 a. m. in the board room of The Duke Endowment offices, 3229 Chapel Hill Boulevard, Durham, North Carolina. The conference, captioned "The Birth, Life, and Possible Sudden Death of Community Medical Practice," was arranged for the purpose of bringing together this group of distinguished panelists for a round-table discussion of the medical problems confronting most rural and suburban communities throughout the nation today in general, and the community medical practice and problems of an actual concise case--the Plymouth Clinic--in particular.

Invitations to participate were accepted by the following:

Dr. W. C. Davison, Roaring Gap	Dr. C. B. Lyle, Chapel Hill
Dr. William N. Anlyan, Durham	Mr. J. C. Mau, Durham
Mr. Horace Cotton, Albemarle	Dr. Manson Meads, Winston-Salem
Dr. Harvey Estes, Durham	Dr. M. J. Musser, Durham
Dr. Ernest Furgurson, Plymouth	Dr. George Paschall, Raleigh
Mr. Clyde Hardy, Winston-Salem	Mr. Marshall Pickens, Charlotte
Mr. John Hayes, Durham	Dr. A. M. Stanton, Plymouth
Mr. William N. Henderson, Raleigh	Dr. Isaac Taylor, Chapel Hill
Dr. Robert Huntley, Chapel Hill	Dr. George Wolfe, Greensboro
Dr. Amos Johnson, Garland	Dr. Barnes Woodhall, Durham

Dr. W. C. Davison, medical consultant to The Duke Endowment and former dean of the Duke University Medical Center, served as moderator. He presented the subject under consideration and commented briefly on the scholarship program sponsored by The Duke Endowment whereby funds are provided for internes to spend three months in general practice under medical doctors in various places in North Carolina. This program has encouraged some young doctors to become general practitioners rather than specialists. However, North Carolina falls far short of its goal to supply the number of medical men needed to provide adequate health services for the population, particularly in rural areas and small communities. Data on Urban-Rural Distribution of North Carolina Physicians by Age and by Specialty, which had been prepared in September 1967 by the Research and Evaluation Division of The North Carolina Regional Medical Program, were circulated. Of the state's total of 1090 physicians, it was noted that only 266 (or 24%) had gone into general practice in semi-rural counties, and 92 (or 8%) in rural counties. Of

the 417 total in internal medicine, only 55 (or 13%) were in semi-rural areas, and 7 (or 2%) in rural counties. It was pointed out that the need for attracting greater numbers of young doctors into general practice in small communities is becoming a problem of the utmost importance and urgency throughout the United States. Dr. Davison also mentioned the successful plan at Roaring Gap in which third- and fourth-year medical students live in the hotel there for two months during the summer and receive \$300 plus certain fringe benefits in return for their assistance in medical health services.

Dr. Furgurson next presented the Plymouth case report. The Plymouth Clinic, staffed by a three-doctor group of general practitioners and eleven lay personnel, has served since 1940 the 11,000 families now included in the Clinic's records. Physical facilities of the Clinic have been enlarged and improved several times, and recently the total usable space was expanded to 5,500 square feet at a cost of \$125,000. The 10 examination and treatment rooms are kept full, by rotation, six days a week with ambulatory patients. Dr. Stanton added that all patients receive extremely good medical care and that people from surrounding towns often avail themselves of these services at the Plymouth Clinic. The emergency now facing the Town of Plymouth arises out of the impending departure of one of the Plymouth Clinic's three practitioners, Dr. R. Vernon Jeter, who will be leaving in December with no replacement for him in sight. Dr. Papineau and Dr. Furgurson state: "We cannot continue to carry either the financial or the physical burden of operating the Clinic unaided. As country doctors, we seek advice from you. Our Clinic's survival may hinge on the counsel you give us. So may the fate of private medical practice in many other small communities, for our case, far from being unique, is typical." Dr. Furgurson expressed his appreciation for the consideration given by The Duke Endowment and others in this matter.

Dr. Harvey Estes of the Duke University Medical Center opened the discussion by proposing three possible aids for the Plymouth case: (1) supplying manpower; (2) supplying funds; and (3) making it possible for the two remaining physicians there, with proper assistance, to have additional time and thereby be more capable of handling the patient load. It was again pointed out that many younger doctors are going to urban areas and that the smaller communities are constantly faced with the problem of attracting physicians to their areas. Statistics indicate that the national average in metropolitan areas is 1 physician per 1,113 population. North Carolina, which is just at the national average in

metropolitan areas but far below it in rural communities, ranks fourth from the bottom in patient-doctor ratio. A physician's assistant could be sent to Plymouth, but Dr. Furgurson is not certain that he would be readily accepted by the patients there since he would not be an M. D.

Dr. Amos Johnson of Garland, North Carolina commented on the problems faced by his community in providing adequate health care services. While 7 to 10 general practitioners can often handle in a day a load of 100 patients with routine problems, at least 10% of the patients need services of doctors trained in much greater depth, or specialists of some type. The crux of the matter if we provide the needed and demanded health services is that the younger doctors must be exposed to and trained to deal with "everyday diseases," typical of the communities in which they will practice, to a greater degree than they are now being trained in medical centers. This will be necessary in order to relieve the doctors now in practice. An adequate number of physicians in itself is not the answer.

Dr. Anlyan raised the question: What can be done to attract student doctors to remain and practice in North Carolina? A record of Duke Medical graduates going into practice from 1930 to 1960 reveals that 80% became specialists, 14% general practitioners, and 6% went into academic medicine, again emphasizing the shortage of general practitioners.

In discussing whether there is need for new kinds of training programs, Dr. Estes pointed out that even if these programs are developed, there is no guarantee that young physicians will be attracted to Plymouth or similar communities unless these areas develop every potential to get and hold them in some way. The government program in San Salvador in which fourth-year medical students are required to look after people in rural areas has proved beneficial, but we still need to take a hard look at the licensing and legal problems in new programs. Dr. Anlyan mentioned the direct telephone communications system now being used by doctors in Nicaragua to get information immediately from Duke physicians when they have difficult or unusual cases.

Dr. Johnson does not feel that it is possible to train physician's assistants in our teaching institutions to be prepared adequately to deal with the high incidence of commonplace diseases, because patients having these diseases simply are not seen in the large diagnostic centers.

Dr. Estes expressed a willingness to arrange for a "doctor's assistant" from Duke to be sent to help Dr. Furgurson. It was his feeling that many young men have become specialists rather than general practitioners because, out of 15 to 20 opportunities open to them, they tend to choose the one which promises them and their families the most in economic security, educational opportunities, et cetera with the least risk on their own part. They prefer communities offering more advantages. Therefore, "bigger clinics are getting bigger, and smaller clinics are getting smaller."

Dr. Woodhall was of the opinion that the only solution to Dr. Furgurson's problem at Plymouth possibly lies in Dr. Davison's suggestion of having a "doctor's assistant." Citing the work done by the Duke Medical Center's orthopedic service in handling the care of crippled children all over the state, he felt that a similar program might be worked out to train young physicians as assistants in internal medicine.

Mr. Pickens asked whether in some way the local services at the Plymouth Clinic might be related to the hospital there with the possible ownership of the Clinic by the hospital which, in turn, would lease it to the physicians. By such a plan the financial problem would not be such a burden to the Clinic, and also the public as patients, it would be hoped, could be educated to seek medical care of many types at the hospital rather than directly from the physicians who have often been called from their homes late at night. If this plan should prove feasible, The Duke Endowment would support financially the establishment of a model demonstration, a plan coordinating the hospital and the Plymouth Clinic jointly. Mr. Pickens also felt that it might be advantageous in many instances today to build hospitals to serve the communities for 10 years, not 50, and then rebuild as facilities began to be obsolete. The cost would probably be less, also. The panelists were in favor of the model idea at Plymouth.

Dr. Furgurson asked Mr. Pickens if he would comment on the building of a small hospital (50 beds) of the "partial, progressive-care type," in which the personnel cost might be cut by having ambulatory patients go to the dining room for meals, obtain their medications at the desk when able to do so, and take care of other services themselves. Mr. Pickens replied favorably and noted that Highland Hospital (for psychiatric patients) in Asheville is operating successfully on a similar plan.

Mr. Henderson hoped that this group of panelists present today might continue the program as an organized group, meeting to discuss emergency situations as they arise with the purpose of having such conferences help

in solving problems in medical service. Also, the suggestion was made that brochures designed to inform the public on how and where to get various types of medical care might be useful.

Dr. Furgurson raised the question: Is the statement true which we read recently to the effect that "Community hospitals are a thing of the past and will no longer be tolerated"? It was the consensus that this statement is false. Dr. Furgurson then asked how small a hospital it would be feasible to build in a community like Plymouth where the per capita income is low, assuming that a bond issue would be passed and that plans for bringing in one or two doctors or assistants materialized. Dr. Johnson noted that even 8-bed hospitals are evaluated but that a very small hospital probably would not be the answer.

Discussion followed on the idea of having representatives from the universities in the Triangle area, the North Carolina Medical Society, and this group of panelists go together to Washington and propose a carefully developed plan whereby the State of North Carolina might be the state selected to receive "seed money" for the purpose of studying in greater depth the problems of health care and deciding what might be done about them. The information assembled would then be made available to interested people throughout the United States. The group did not think that such an endeavor would be successful at this time. Mr. Pickens felt that more monies and additional hospital beds are not the solution; the problem is a lack of coordinated effort. Mr. Henderson and others agreed. Several panelists commented briefly on the quotation: "The Trojan Horse of medical care is the hospital."

Most of the panelists present felt that the concept of setting up a model with Plymouth as a center would be the best way to resolve the problem under discussion at today's conference. Emphasis should be shifted from the hospital building itself to the medical sciences. The entire potential of the Town of Plymouth--esthetic possibilities included--must be developed fully in order to attract general practitioners and their families to settle there. Dr. Lyle noted that Plymouth can be a delightful place to serve as a model. It has good potential.

It was pointed out that practicing physicians have stopped teaching the younger doctors. Therefore, these young men are often instructed by M. D. 's with no experience.

Dr. Wolfe commented that we in North Carolina are faced with comprehensive medical care. Those in the administration who are dealing

with this matter need the advice and the assistance of competent people vitally concerned with good health services, similar to the group assembled today for this conference.

Following the meeting, at 12:15 p. m. , the panelists adjourned for a buffet luncheon served in the reception area of The Duke Endowment Durham Offices.

Respectfully submitted,

Kathryn L. Montague

Kathryn L. Montague
Acting Secretary