

Duke University Medical Center

DURHAM, NORTH CAROLINA
27710

PHYSICIAN'S ASSOCIATE PROGRAM
P. O. BOX CHS 2914

July 17, 1974

TELEPHONE 919-684-6134

MEMORANDUM TO: Pete Bennett

FROM: Dr. Reginald Carter *rc*

SUBJECT: Capitation Support for North Carolina Students Enrolled
in the Physician's Associate Program

As suggested in our morning telephone conversation, I am sending to you some documents that may help Dr. Anlyan understand the interest shown in gaining capitation support for students enrolled in our program. The documents include a June 19th memorandum written to Dr. Estes, a June 21st letter addressed to Lieutenant Governor Hunt and a copy of the speech Mr. Hunt made at the Western Carolina Conference.

I spoke also this morning with Dr. Leland Powers, Director of the Division of Allied Health at Bowman Gray. Though he had discussed this matter the Dr. Meads, he was unaware that Manson had been in contact with Dr. Anlyan. The Bowman Gray people are eager to take advantage of this opportunity, especially with Lieutenant Governor Hunt's support.

By the way, Mr. Hunt will not be able to be our guest speaker at commencement ceremonies in August.

RDC:tc

Enclosures

xc: Dr. E. Harvey Estes, Jr.

Duke University Medical Center

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PHYSICIAN'S ASSOCIATE PROGRAM
P. O. BOX CHS 2314

June 19, 1974

TELEPHONE 919-684-6131

MEMORANDUM TO: Dr. E. Harvey Estes, Jr.

FROM: Dr. Reginald D. Carter *rdc*

SUBJECT: North Carolina Capitation Monies for the Physician's Associate Program

At a recent weekend conference in the western part of the state, I had the pleasure of meeting and speaking with Lieutenant Governor Jim Hunt about the Physician's Associate Program at Duke University. Mr. Hunt was the keynote speaker at the conference and endorsed highly the physician's assistant concept as offering partial solutions to rural health care needs in North Carolina.

During our return flight to Charlotte, Mr. Hunt expressed an interest in supporting an application for student capitation funds from the state. This support would be similar to that given to the Medical Center for medical students who are from North Carolina. The Medical Center now receives \$5,000 per year for each state resident enrolled in the Medical School; \$4,500 can be used for operational costs with no strings attached and \$500 for scholarships. Mr. Hunt advised us to submit the request as soon as possible since the Budget and Appropriation Committee is now working upon next year's budget.

Dr. Lindsay has spoken with Pete Bennett about the state's capitation support for P.A. students. Though it is vague what Lieutenant Governor Hunt's role will be in gaining this support for us, Peter advises that you approach Dr. Anyan with this information. Should Dr. Anyan feel that this is a good opportunity to gain such support, he can advise us of the appropriate channels through which to send the request. Also, Mr. Hunt should be informed of the decision to apply for the capitation money.

For your information, there will be 31 students in the Physician's Associate Program next year who are classified as North Carolina residents. If supported at the same level as the medical students, this could mean approximately \$150,000 in additional revenue for the program.

RDC:tc

Duke University Medical Center

DURHAM, NORTH CAROLINA
27710

June 21, 1974

PHYSICIAN'S ASSOCIATE PROGRAM
P. O. BOX CHS 2914

TELEPHONE 919-684-6134

The Honorable James B. Hunt
Lieutenant Governor of North Carolina
Raleigh, North Carolina

Dear Lieutenant Governor Hunt:


As a native North Carolinian who is interested in the quality of health care provided to citizens of our state, it is always gratifying to meet an individual of your stature and position in government who expresses such a concern and understanding of the problems confronting our health care delivery system. On behalf of the administrative staff of the Physician's Associate Program I want to express our gratitude for the kind words of encouragement and support which you gave to us during last weekend's conference in Asheville.

Your interest in supporting capitation monies for North Carolina residents enrolled in the Physician's Associate Program has been relayed to the appropriate people here at the Medical Center. I am sure that a request for such financial assistance will be forthcoming soon and I will keep you informed of the progress in this direction.

Because of your commitment to seek ways of enhancing the quality and accessibility of health care to citizens of our state, would you do us the honor of participating as guest speaker in our commencement ceremonies to be held on Thursday evening, August 1, 1974? I am sure that our faculty, students, and their relatives would be most interested in your comments about the future of medical care in North Carolina. For your information I am enclosing program announcements from our past three graduation ceremonies.

Again, thank you for the interest and support which you have so graciously given to our program and students.

Sincerely,



Reginald D. Carter, Ph.D.
Associate Director
Physician's Associate Program

RDC:tc

xc: Dr. E. Harvey Estes, Jr.

Enclosures

Jim Hunt

MEETING MEDICAL CARE NEEDS

MY GOOD FRIEND, RALEIGH ATTORNEY BILL CRISP, HAS AMONG HIS CLIENTS THE RURAL ELECTRIC CO-OPS, AND HE PUBLISHES A NEWSLETTER FOR THEM THAT REVIEWS VARIOUS LEGAL DECISIONS IN THE ELECTRIC POWER FIELD.

BILL RECENTLY SUFFERED TWO HEART ATTACKS; HIS FRIENDS ALL SAY THEY WERE CAUSED BY OVERWORK.

IN HIS NEWSLETTER, HE ALWAYS HAS A PERSONAL COLUMN, AND A RECENT ONE CONCERNED A DISCUSSION HE HAD WITH HIS DOCTOR ABOUT HOW HE PACED HIMSELF IN HIS WORK.

HE SAID HE ALWAYS MADE A DETAILED SCHEDULE OF HIS WORK FOR THE DAY: CHECK CALENDAR FOR APPOINTMENTS, REVIEW A CONTINUING WORK FILE, NOTE PRIORITIES FOR ACTION THAT DAY, READ MAIL AND PROCESS, CONFER WITH ASSOCIATES ON MATTERS REQUIRING DECISIONS, LOG WORK ACTUALLY ACCOMPLISHED, REVIEW MATTERS OF IMPORTANCE FOR FOLLOWING DAY.

HE CHUCKLED THAT SOME PEOPLE WONDERED HOW, IN MAKING UP THAT DETAILED AGENDA, HE EVER HAD TIME TO DO ANY WORK, BUT HE DID.

HE TOLD HIS DOCTOR HE LONG AGO BEGAN PUTTING CERTAIN TYPES OF SCHEDULES IN HIS CALENDAR IN RED -- THINGS SUCH AS BRIEFING DEADLINES, APPEALS DEADLINES, HEARING DATES -- IN OTHER WORDS, THINGS THAT, IF NOT DONE RIGHT THEN, MIGHT LITERALLY LOSE THE DAY AND CONSTITUTE ACTIONABLE PROFESSIONAL NEGLIGENCE.

AT THAT POINT, HIS DOCTOR SMILED AND SAID, "EVERY DAY AND NIGHT OF MY LIFE, AND EVERY HOUR DURING MANY A DAY, IS A RED-LETTER SITUATION FOR ME."

I THINK THAT COMMENT IS TYPICAL OF OUR MEDICAL PROFESSION TODAY. AND IT REPRESENTS THE KIND OF DEDICATION AND PROFESSIONAL EXCELLENCE THAT IS UNPARALLELED IN ANY OTHER OCCUPATION.

YOU WHO ARE HERE TONIGHT REPRESENT, IN MY BOOK, THE CREAM OF THE CROP.

I SAY THAT BECAUSE I KNOW THAT, THROUGH YOUR PARTICIPATION IN THIS INSTITUTE, YOU ARE CONCERNED ABOUT BRINGING BETTER MEDICAL CARE TO MORE PEOPLE THAN IS NOW AVAILABLE.

I BELIEVE THAT THE NEED FOR BETTER MEDICAL CARE IS THE LEADING PROBLEM IN NORTH CAROLINA TODAY.

THE NEED IS SEEN IN PEOPLE WHO HAVE PHYSICAL OR MENTAL ILLNESS OR WHO ARE DEBILITATED AND MARGINALLY FUNCTIONAL AS A RESULT OF IT.

BECAUSE OF TECHNOLOGY AND OUR ABUNDANT RESOURCES, THE MAN ON THE STREET BELIEVES THAT ILLNESS CAN BE CURED AND THAT THE CURE IS, OR OUGHT TO BE, AVAILABLE TO HIM. WHEN IT IS NOT FORTHCOMING OR IS TOO SLOW IN COMING, THE POPULAR CRY FOR BETTER MEDICAL CARE RISES UP: "WE NEED MORE DOCTORS!"

I BELIEVE THAT THE SITUATION AND THE NECESSARY RESPONSE TO IT IS NOT THAT SIMPLE, ALTHOUGH WE CLEARLY DO NEED MORE DOCTORS, PARTICULARLY FAMILY PHYSICIANS IN RURAL AREAS.

YOU KNOW FAR BETTER THAN I DO THAT THE COUNTIES SURROUNDING BUNCOMBE COUNTY HAVE AN ACUTE PROBLEM IN THIS REGARD.

THE SITUATION HERE IS MIRRORED IN THE FAR EASTERN PART OF OUR STATE, WHERE SOME COUNTIES HAVE ONLY ONE PRACTICING PHYSICIAN.

IN THE STATE AS A WHOLE, THE NUMBER OF PHYSICIANS PER CAPITA IS FAR BELOW THE NATIONAL AVERAGE.

WE ARE TAKING STEPS TO CORRECT THIS SITUATION -- THROUGH THE EXPANSION OF THE MEDICAL SCHOOL AT EAST CAROLINA UNIVERSITY AND THROUGH INCREASED SUPPORT FOR OUR THREE FOUR-YEAR MEDICAL SCHOOLS.

BUT THIS IS A LONG PROCESS, AND WE NEED BETTER MEDICAL CARE NOW. THE STUDENT ENTERING MEDICAL SCHOOL TODAY WON'T BEGIN PRACTICE IN OUR STATE FOR EIGHT YEARS, AND EIGHT YEARS IS TOO LONG TO WAIT.

PART OF THE PROBLEM IS THIS SUPPLY, AND ANOTHER PART OF THE PROBLEM IS THE DISTRIBUTION OF DOCTORS.

I'VE ALREADY TOUCHED ON THIS BRIEFLY. THE RURAL AREAS OF OUR STATE ARE IN DESPERATE NEED OF QUALIFIED MEDICAL CARE PERSONNEL. THERE ARE PEOPLE IN THESE AREAS TODAY WHO SIMPLY AREN'T RECEIVING ADEQUATE CARE, AND WHO HAVE NO HOPE TO EVER RECEIVE ADEQUATE CARE.

THIS PART OF THE MEDICAL CARE PROBLEM ALSO MUST BE SOLVED.

ONE OF THE WAYS WE ARE DOING THIS IS THROUGH THE ESTABLISHMENT OF A NETWORK OF COMMUNITY CLINICS ACROSS OUR STATE -- CLINICS THAT WILL BRING MEDICAL CARE WITHIN THE REACH OF MANY MORE OF OUR PEOPLE.

ANOTHER WAY, OF COURSE, IS THROUGH THE PHYSICIAN'S ASSISTANT PROGRAM THAT YOU ARE HERE TO DISCUSS AT THIS WORKSHOP.

YOU WILL HEAR FROM EXPERTS IN THIS AREA, AND I WON'T ATTEMPT TO GO INTO THE DETAILS OF THE PROGRAM. WHAT I WOULD LIKE TO DO IS TOUCH JUST BRIEFLY ON THE RESULTS -- FOR PHYSICIAN'S ASSISTANTS CAN DO MUCH TO ALLEVIATE BOTH THE PROBLEM OF SUPPLY AND THE PROBLEM OF DISTRIBUTION OF MEDICAL CARE.

THESE PEOPLE ARE TRAINED IN BASIC MEDICAL SKILLS. THEIR DUTIES ARE RESTRICTED IN THEIR SCOPE, AND THEIR TRAINING TAKES LESS TIME THAN THAT FOR A DOCTOR READY TO ENTER PRACTICE.

THIS, IN ITSELF, CAN GO A LONG WAY TO ALLEVIATING THE PROBLEM OF SUPPLY.

ONE OF THE THINGS THAT SHOULD BE OF GREAT INTEREST TO YOU IS THE FACT THAT THESE PEOPLE ARE ESPECIALLY TRAINED TO DO MANY OF THE VARIED AND COMPLICATED TASKS THAT NEEDLESSLY CONSUME THE TIME OF THE PHYSICIAN.

AMONG OTHER THINGS, THEY CAN MAKE PHYSICAL EXAMINATIONS, THEY CAN TREAT CERTAIN ILLNESSES, THEY CAN PERFORM CHECKUPS AS TREATMENT PROGRESSES, AND THEY CAN HANDLE MUCH OF THE PAPERWORK,

KEEP IN MIND THAT THEY ARE NO SUBSTITUTE FOR A DOCTOR. THEY MUST WORK UNDER A DOCTOR'S CLOSE SUPERVISION.

BUT AS ONE PHYSICIAN'S ASSISTANT SAID, HE WAS AN "EXTENSION OF THE HANDS, EYES, EARS, TO SOME EXTENT THE BRAIN, AND, TO A LARGE EXTENT, THE FEET OF THE PHYSICIAN WITH WHOM HE IS ASSOCIATED."

THIS SAME PERSON SAID HE BELIEVED THAT A PHYSICIAN'S ASSISTANT IS INTENDED TO ASSIST THE DOCTOR IN A RURAL AREA. I THINK THIS IS ESPECIALLY IMPORTANT, FOR IT GOES TO THE HEART OF THE PROBLEM OF DISTRIBUTION OF MEDICAL CARE.

THE PEOPLE WHO PRACTICE MEDICINE IN RURAL AREAS TODAY ARE, TO ME, VERY SPECIAL. FOR THEM, QUITE LITERALLY, EACH DAY IS A "RED-LETTER" DAY. THEY ARE ON CALL 24 HOURS A DAY, 7 DAYS A WEEK, 52 WEEKS A YEAR.

IT'S HARD TO GET PEOPLE TO FOLLOW THAT KIND OF SCHEDULE. WITH THE AID OF A PHYSICIAN'S ASSISTANT TO EASE THE WORKLOAD, SUCH A PRACTICE BECOMES FAR MORE ATTRACTIVE.

STATISTICS FROM EXISTING PHYSICIAN'S ASSISTANT PROGRAMS SHOW THAT MANY OF THE GRADUATES DO CHOOSE TO WORK IN RURAL AREAS. THIS, IN ITSELF, IS OF GREAT IMPORTANCE TO OUR STATE.

DR. BERGNER WILL TELL YOU OF AN EXCITING CONCEPT HERE TO PROVIDE FOR SOME OF THE TRAINING OF THESE PEOPLE THROUGH SERVICE PRECEPTORSHIPS AND CLINICAL INSTRUCTION WHERE THE SERVICE IS NEEDED. I CANNOT BEGIN TO TELL YOU HOW PROUD I AM OF HIM AND WESTERN CAROLINA UNIVERSITY FOR ADVOCATING THIS CONCEPT.

MANY OF THE PEOPLE TRAINED AS PHYSICIAN'S ASSISTANTS WILL BE ABLE TO WORK AT COMMUNITY CLINICS STAFFED BY VISITING TEAMS OF DOCTORS. BY BEING A PART OF THE COMMUNITY, THEY WILL BRING A FAR HIGHER LEVEL OF MEDICAL CARE TO THE PEOPLE THERE THAN THEY HAVE EVER HAD.

THIS PROGRAM HAS GREAT HOPE FOR ALLEVIATING THE CRITICAL MEDICAL CARE SITUATION IN OUR STATE. IT GOES HAND-IN-HAND WITH OUR EFFORTS IN OTHER AREAS -- INCREASING THE NUMBER OF DOCTORS, UTILIZING AREA HEALTH EDUCATION CENTERS TO TRAIN THOSE DOCTORS, BUILDING MORE COMMUNITY CLINICS, AND INCREASING THE NUMBER OF AVAILABLE INTERNSHIPS AND RESIDENCIES.

I KNOW THAT WE ARE TALKING ABOUT NEW CONCEPTS IN MEDICAL CARE, AND I KNOW THAT, IN THE PAST, SOME PHYSICIANS HAVE BEEN RELUCTANT TO EMBRACE THOSE CONCEPTS.

BUT I KNOW THAT, TODAY, MUCH OF THE LEADERSHIP IN THIS AREA IS COMING FROM THE MEDICAL PROFESSION ITSELF, AND I COMMEND YOU FOR IT.

IF WE ARE TO IMPROVE THE MEDICAL CARE SITUATION IN OUR STATE, IT MUST BE DONE THROUGH A MAJOR EFFORT AND THROUGH THE UTILIZATION OF ALL THE RESOURCES AT OUR COMMAND.

YOU ARE SHOWING YOUR INTEREST IN THAT EFFORT BY BEING HERE TONIGHT. IT CANNOT SUCCEED WITHOUT YOUR SUPPORT. WITH YOUR SUPPORT, IT CANNOT FAIL.

IN THE DECLARATION OF RIGHTS OF OUR NORTH CAROLINA CONSTITUTION, SECTION 15 SAYS: "THE PEOPLE HAVE A RIGHT TO THE PRIVILEGE OF EDUCATION, AND IT IS THE DUTY OF THE STATE TO GUARD AND MAINTAIN THAT RIGHT."

WE HAVE HELD A CONSTANT COMMITMENT TO EDUCATION IN NORTH CAROLINA. I AM ASKING US TO MAKE THE SAME COMMITMENT TO BETTER MEDICAL CARE. THE PEOPLE HAVE A RIGHT TO IT, AND IT IS THE DUTY OF THE STATE TO GUARD AND MAINTAIN THAT RIGHT.

WITH YOUR HELP, WE CAN BUILD A HERITAGE FOR GENERATIONS TO COME.