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Duke Receives \$1 Million Johnson Grant



MAJOR GRANT FOR PATIENT CARE—Using a rolled up map as a pointer, Dr. E. Harvey Estes indicates a section of northern Durham County that will figure in projects being undertaken with a \$1 million grant from the Robert Wood Johnson Foundation. The grant was made to Estes' Department of Community Health Sciences. (Photo by Thad Sparks)

Impact of Disease Elimination On Elderly Population Studied

If one of the four major causes of death in this country could be eliminated today, the greatest impact on the elderly population would come from eliminating all deaths from heart and kidney diseases.

The director of Duke's Center for Demographic Studies, Dr. George C. Myers, said the impact of eliminating major cardiovascular-renal diseases would greatly exceed the impact of the elimination of influenza and pneumonia, malignant tumors and motor vehicle accidents.

The findings are part of the preliminary results of an investigation aimed at devising better methods of forecasting mortality trends. Myers discussed the findings during a seminar here last week sponsored by Duke's Council on Aging and Human Development.

Myers said planners and policy-makers must have more sophisticated methods of projecting the future size and composition of the older population if they are to plan for the social, economic and health welfare of the elderly.

Changes in mortality patterns become increasingly important, he said, as the fertility rate is lowered and the population of the nation becomes more stabilized.

Myers and his associates prepared a set of projections which each assumed the immediate elimination in 1973 of all

deaths from a single cause and continuation of this condition through the year 2000. He said although these assumptions are not realistic, the projections give some indication of the relative effect reductions in each of these major diseases would have on the elderly population.

He found that the projected size of the population age 65 and over in the

(Continued on page 3)



POPULATION STUDIES—Dr. George C. Myers (left), director of Duke's Center for Demographic Studies, discusses a graph of his projections about disease elimination and the elderly population with Dr. Erdman B. Palmore, associate professor of psychiatry and sociology.

Under a new million-dollar grant, the medical center is launching a sweeping research and education program aimed at giving the patient better and more efficient health care—and giving him a voice in how it's done.

It also is aimed at giving medical students and young doctors a clearer picture of some of the problems and frustrations people face when trying to see the doctor.

The \$1,134,375 three-year grant to the Department of Community Health Sciences is from the Robert Wood Johnson Foundation of Princeton, N.J.

"The practice of medicine and delivery of health care are not going to be the same 10 years from now," Dr. E. Harvey Estes predicted. As chairman of Community Health Sciences, Estes has overall responsibility for administering projects under the grant.

"How health care will change, we don't know," Estes said. "But the Robert Wood Johnson Foundation grant will help us look ahead, anticipate changes and provide sound recommendations on what we think some of those changes ought to be."

The Duke study will take place both in the clinic—the doctor's office setting—where the process of primary health care will be examined very closely, and out in the community where the individual, family and other group reactions to illness and health care will be sought.

Both settings will provide a training ground for medical students, interns and residents to learn better management techniques for medical practice and, as Estes expressed it, "to learn to listen to the consumer of his services and inter-relate with him."

The University Health Service Clinic, which sees between 100 and 200 patients a day, will serve as the laboratory for one phase of the program. Estes said the data-gathering process will be similar to time-and-motion studies, and it will go something like this:

As the patient enters the clinic, his name, identifying number, accession number (indicating whether he's the first patient of the day, the 23rd patient, etc.) and the time will be recorded.

The patient will carry with him a plastic card with the accession number coded on it. At each point throughout his clinic visit—for example, initial examination, X-ray, laboratories, final session with doctor, release from clinic—the plastic card will be inserted

into an automatic dial telephone.

This will transmit to a central computer the patient's location, the time he got to the lab or wherever he happens to be, plus additional information such as the physician's code, tests that were ordered, the diagnosis, the charges, and a variety of other data.

"At the end of the day," Estes explained, "each patient can be 'tracked' through the clinic. The aggregate data can provide us such information as patients seen by category, time of day, diagnosis; the average time required for each step in the clinic visit sequence; average services utilized for each diagnosis; and average cost per patient."

The clinic can then experiment with its system to try to develop ways of increasing efficiency and shortening the time the patient must be there.

Estes said modifications to be used and studied will include use of a medical history the patient fills out himself, use of intermediate level health workers such as physician's assistants and nurse practitioners, use of screening-type laboratory tests, and others.

"In each such study," Estes said, "the objective will be to evaluate each modification in terms of cost, efficiency, patient acceptance and outcome."

By and large, physicians are not formally trained in management techniques. "The physician must learn how to delegate tasks safely, how to evaluate and manage the work of various professionals within his practice and how to evaluate the quality of medical services in terms of outcome and patient acceptance," Estes said.

A major objective of the Duke studies," he said, "is to show that research can and must be applied to how the doctor's office or clinic is managed and how the patients are treated, just as research has proved to be essential in uncovering the cause of disease itself."

A second aspect of the grant study will take place in what Estes calls "a community laboratory setting," and he believes it may be an eye-opener for many medical students and young physicians.

A striking feature of medical care in recent years is the requirement that care be provided in a manner much more responsive to the needs and desires of

(Continued on page 2)