

MEDEX: SUCCESS STORY!

*Group Health
proud of its part
in helping
create a new
health profession*

By KEN FLEMING, Editor

WHEN 14 ex-service medical corpsmen were handed their Medex diplomas at the University of Washington in September, a special sense of pride was felt by the leaders of Group Health Cooperative of Puget Sound.

Of the 14 men, four of them had received the bulk of their training at Group Health during the past year.

In the past 12 months, the four Group Health Medex have had more than 10,000 patient visits.

They have sutured cut hands, fingers, legs, and scalps.

They have set casts on simple fractures.

They have treated burn cases.

They have diagnosed pneumonia and influenza, taken cultures, read X-rays and written hundreds of medical prescriptions.

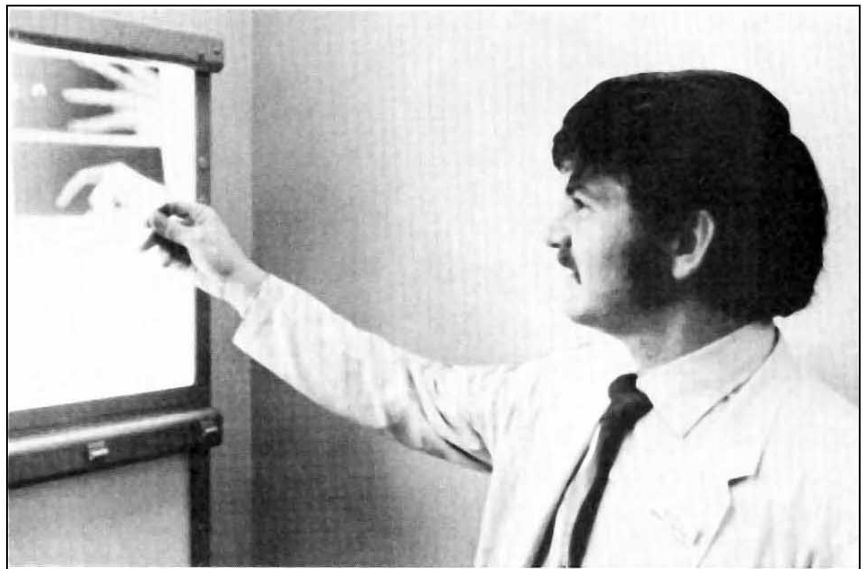
Yet the question remains for many GHC members and the general public—what is a Medex?

Answer: He is an assistant to a doctor.

Medex Steven Turnipseed, who has been working under the supervision of Robert C. Stever, M.D., at the Central Clinic, describes the Medex program as "the first new health profession in 100 years."

The basic idea is that a Medex is a skilled health professional who can deliver high quality medical care within certain ranges of need by patients.

The University of Washington MEDEX Project is being hailed



READING X-RAYS is part of the normal routine for Medex Michael J. Carraher who is assigned to the Northgate Medical Center. All work of the GHC Medex is supervised by physicians.

by many as one of the first workable solutions to the chronic shortage of doctors in the nation.

Each Medex works directly under the supervision of a doctor, whether he is in Group Health Cooperative or with a private fee-for-service physician. A Medex, for example, may write a prescription to treat a respiratory illness, but the doctor must approve and sign the prescription.

Ideally, the Medex is an extension of the doctor allowing the physician to concentrate on the most serious cases and thereby increasing the flow of service to those waiting to be seen. Indeed, the word Medex is derived from two French words "medicine extension," which is translated as "physician's extension."

The Medical Staff of Group Health Cooperative is pleased with the success of the Medex program and the necessary administrative machinery has been set in motion to incorporate them as a permanent part of the staff.

The idea of using former medical corpsmen from the Armed Services, rather than seeing them returning to non-medical jobs as civilians, was one of those tantalizing ideas that everyone talked about but no one seemed to be able to get out of the bull session stage.

It remained for Richard A. Smith, M.D., M.P.H., an acting associate professor in the School of

MEDEX STEVEN TURNIPSEED
First Black Medex in the nation



Public Health and Community Medicine at the University of Washington, to become the catalyst to turn ideas into action.

Doctor Smith, who has an extensive background of work in the U.S. Public Health Service, immediately sought and got the approval of the Washington State Medical Association to institute the MEDEX Project at the University. The MEDEX Project, of which he was to become director, received its financing through the National Center for Health Services Research and Development of HEW.

During the early stages—about two years ago—he had lunch with an old friend, Robert B. Monroe, M.D., Chief of the General Practitioners at GHC Central Clinic. Doctor Monroe said he was certain

Group Health would be interested in taking part in the Medex training program. Back at Group Health, Doctor Monroe “sold” the Medex concept to his colleagues.

As word of the Medex program began to circulate throughout the United States, the University of Washington was besieged with thousands of applications from ex-corpsmen. Only 14 could be accepted for the pilot program. Three of them were assigned to Group Health and the other 11 were assigned to physicians in Eastern Washington.

The majority of Medex trainees were placed in rural locations where the doctor shortage is particularly aggravated. The initial assignment of three to Group Health, (a fourth Medex later joined GHC), recognized that urban centers continue to have constant and growing demand for more and better health care delivery.

Each Medex received three months of day-long class instruction at the University plus many night and weekend hours in actual emergency or clinical work. Next, they were assigned to “preceptors”—the individual doctors who were

IS THAT WHERE IT HURTS?
Medex Dean A. Meade examines young patient



MEDEX THOMAS COLES
Pioneer in new health profession

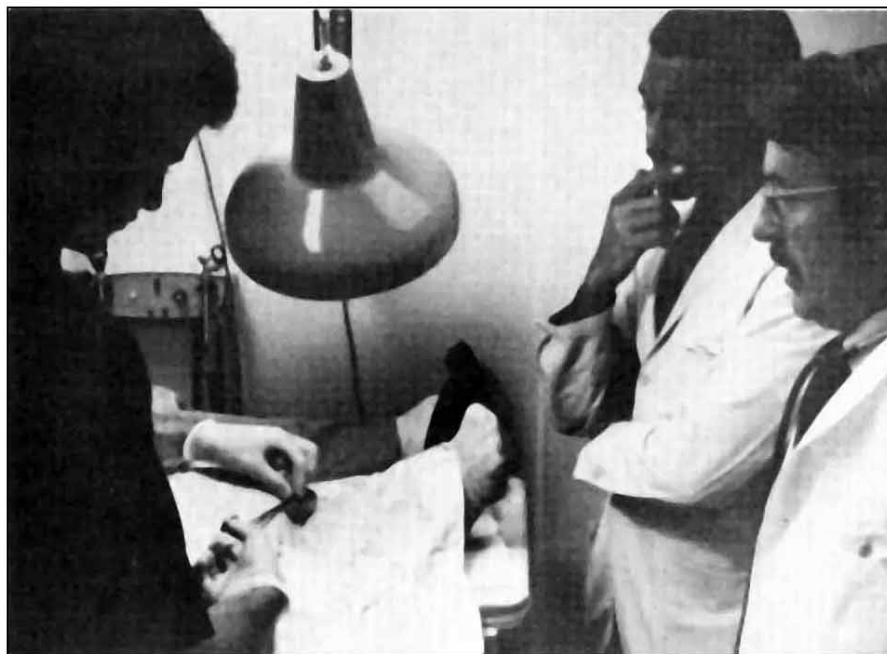


to supervise and guide their work for the next 12 months.

It should be remembered that these young men had years of practical experience—often in battlefield situations—before they entered the MEDEX Project. In the case of corpsmen in the Special Forces of the U.S. Army the medical course is 48 weeks long.

Who are the Group Health Medex?

* Steven Turnipseed, 28, of Baltimore, Maryland, eight years a corpsman with the U.S. Army Special Forces. He saw duty in Laos and Cambodia before he went to work as a medical technician for the U.S. Bureau of Prisons. He is the first Black Medex. He soon will be leaving Group Health to set up an ambitious Medex program in rural Southern California. His GHC preceptor was Doctor Stever.



MEDEX THOMAS COLES sutures a flesh wound on the leg of a construction worker as Medex Steven Turnipseed, center, and Robert B. Monroe, M.D., observe. This scene took place in Group Health's central Emergency Department. Medex Coles is assigned to Emergency but other GHC Medex all serve some shifts there on a rotating basis.

* Thomas Coles, 24, of Brownsburg, Indiana, who had three years with the Special Forces and drew duty in Vietnam. He is now working under Richard V. Tinker, M.D., new Chief of the Emergency Service.

* Michael J. Carraher, 24, Richland, Wash., who served three years in the Special Forces primarily providing medical support for troops in the rugged Special Forces field training in North Carolina. He is married and works under Robert Sherry, M.D., at the Northgate Medical Center.

* Dean A. Meade, 28, Bandon, Oregon, who had earned his B.S. degree from the University of Wyoming before pulling three years with Special Forces. He had originally studied vocational agriculture. Now, he and

his wife, Donna, are hoping to work out arrangements with Group Health to allow him to work for GHC while he attends the University of Washington to earn pre-med credit. They have a newly first-born daughter, Deanne. He is assigned to J. R. Emch, M.D., at the Burien Medical Center.

The GHC Medex share the same strong feeling about the MEDEX Project and its future. *First, Medex is a health career in itself*—not just a way station on the route to becoming an M.D. Second, the work is demanding—often more than 50 hours a week—but none of them would be in it if they didn't get a deep sense of satisfaction from it.

A study carried out a few weeks ago by Group Health's Research Department showed Group Health patients overwhelmingly were satisfied with the medical care provided for them by the Medex. Just as importantly, those interviewed thought the program was a good idea and should be continued.

Every GHC Medex explains to each patient he contacts what he is. If a patient wishes to see a physician instead of a Medex, he has only to say so. There will be no argument whatsoever.

One of the spinoffs of the success of the Medex program at Group Health is the distinct likelihood of utilizing other health professionals, such as Nurses, in new and expanded roles. None of this is possible, however, without the understanding and support of all Group Health subscribers.

The whole idea is to provide appropriate levels of quality health care in the most efficient and economical manner. In other words, lower or fewer dues increases.

Recently while pictures were being taken of Medex Coles sewing up a nasty gash in the leg of a construction worker, a doctor from Oregon, investigating the Medex program, was an interested bystander.

Someone asked the doctor when was the last time he had sutured that type of wound.

"About two years ago," was the answer.

Medex Coles is likely to do it several times a day and has yet to receive his first complaint about his skilled stitching. ■

DANIEL HALE WILLIAMS, M.D., in 1893 performed the first successful operation on the human heart. Dr. Williams did not have the benefits of wonder drugs, blood transfusions, x-rays, or heart-lung machines, and used what would now be considered primitive instruments! He founded the nation's

first inter-racial hospital—Chicago's Provident Hospital in 1891. He was a black physician.

DR. CHARLES RICHARD DREW introduced the use of plasma on the battlefield, organized the world's first mass blood bank project, Blood

for Britain, and established the American Red Cross Blood Bank! He was a black physician.

PERCY L. JULIAN, Ph.D., made possible the mass production of cortisone—used in the treatment of arthritis. He was a black industrial chemist.