College Establishes Research Consulting Lab

Dean Wilmer Coggins has announced the establishment of the Research Consulting Laboratory (RCL) as a resource within CCHS. According to Dr. James D. Leeper, Associate Professor of Community Medicine and Director of the RCL, the purpose of the laboratory will be to provide consultation and technical services to CCHS faculty, staff, residents, and students on research design, project management, data analysis, and interpretation and presentation of research results; to promote research activity within CCHS by providing a forum for exchange of ideas among researchers as well as among those interested in developing research skills; to provide consultation and technical services to those outside CCHS and the university as time allows on a fee for service or an authorship basis; and to offer opportunities for coordination and/or critical review of research projects conducted within CCHS.

The Dean's Corner

This is a big topic for a short essay, but I want to introduce the first 1984 issue of On Rounds with some thoughts about current changes in financing medical care.

Not since the early 1960s has there been such widespread concern among physicians, hospital administrators, and medical educators about the future of medical practice in this country. The concern stems from actions taken by the federal government, the business community, and health insurance companies to try to hold down the costs of medical care or, indeed, even reduce them. But it takes only a minor scratch or a small incision to demonstrate that what is occurring is cost-shifting, transferring costs from the federal government and from private employers to states, municipalities, and individuals. It is worthy of comment that efforts of the same magnitude have not been made to reduce the costs of medical care in the Veterans Administration Hospital system nor in the Department of Defense.

The cost-shifting strategies fall into three broad categories. The first, in the Medicare reimbursement program, is to pay hospitals for services rendered to patients by diagnosis rather than by the actual costs of the care provided to a given patient. The second is an array of constraints on Medicare payment to physicians for services rendered, particularly in the hospital-based specialties. The third is a variety of schemes promulgated by businesses that provide health insurance to employees as a fringe benefit, by companies that sell hospital insurance, and by some physician groups to provide discounts on professional fees and, in some instances, hospital bills in exchange for an assured or promised referral of patients from the third-party payer. In the past, this was called fee-splitting and was considered highly unethical. It is not called fee-splitting now, and it is considered a cost-saving innovation.

Cost-shifting will undoubtedly be effective to some degree. The important questions are how much will be saved, in dollars, and who will suffer prolonged disability, discomfort, or death. There are no clear-cut answers to these ques-
tions. Easy assumptions that many individuals "overutilize" doctors, emergency rooms, and hospitals become hard to prove when you get down to individual cases. I have yet to meet a patient who considers a visit unnecessary or trivial. It is always the other fellow who is abusing the system. We may save a little by shifting the costs and by increasing the financial barriers to medical care, but my hunch is that we will not save a lot. We will also add to the significant number of individuals in this country who do not have access to adequate medical care. This number is currently estimated to be in excess of twenty million people.

In the zeal to control the costs of medical care, or to hide them by shifting them to individuals, two major considerations have not been cranked into the formula. One is the technologic imperative as it applies to medicine. This term has been used in the negative sense to mean "what can be done, will be done" regardless of ethical or moral values. I use it in a positive sense to mean that scientific advances in medicine, translated into technical applications, will continue at a rapid pace. Expanding curative procedures and improved preventive measures all add to the costs of health care. More costs more, not less. Our society wants more and will demand it. Each wants the best for himself and for his family. For the moment, however, increasing the financial barriers to adequate medical care is in vogue, and an even larger number of individuals will fall through the mesh of the safety net and will not obtain needed medical services.

In the final analysis, our society strives to be both moral and pragmatic. Those policymakers who are most sensitive to moral issues will not sit still for significant increases in the number of people who cannot pay for reasonable access to and reasonable adequacy of medical care. The pragmatists among us will respond when they see that reducing public expenditures for medical care now results in driving up costs for other social services to provide for those who are needlessly disabled and the families of those who are needlessly dead.

It is impossible to predict how long it will take for these issues to become apparent and for the current fashion in medical care financing to change. The next year or two or three will be the time during which we will "reassess priorities," as the bureaucrats would say. In the interim, it would be prudent to take special care to avoid illness or injury.

W. J. C.

Faculty Retreat Addresses Issues

The college's annual faculty retreat, held October 22, 1983, at the Chancellor's Guest House, focused on three interrelated issues: how to increase the number and variety of patients seen and followed at the Capstone Medical Center; how to resolve the tensions created by increasing commitments to patient care without compromising teaching and scholarly activities; and how research and scholarly activities can be encouraged and nurtured within the context of the college's resources.

These issues were addressed separately in working groups chaired by Dr. Rile Lumpkin, Dr. Robert Northrup, and Dr. William Winternitz, respectively, who presented the results and recommendations from each group at the end of the day. An edited transcript of the final session is being distributed to all faculty, and committees are continuing to develop the most promising recommendations, one of which is the recommendation that intensive sessions of this sort be held biannually instead of once a year.
The Lister Hill Society

Alabama Congressman Lister Hill, known as the nation's "Mr. Health," served eight terms in the House of Representatives and more than thirty years in the Senate. He authored the Hill-Burton Hospital and Health Center Construction Program, which has provided money to build thousands of hospitals and clinics.

In January 1975, at the inauguration of the society bearing his name, Senator Hill said, "The great majority of my years have been spent in public service—much of that service in the field of medicine and health care. I sincerely hope the Lister Hill Society will give many more years of service to the task of healing mankind's body and mind. . . . Medical education is the seed from which will spring a new day for the people of Alabama."

Senator Hill's speech echoes the sentiments of the members of the Alabama legislature who established the College of Community Health Sciences specifically to address the scarcity of practicing physicians in small towns and rural areas. Although state support for the college was substantial, it was obvious from the beginning that additional support from private sources would be needed if the college's goals were to be achieved.

The Lister Hill Society was designed to link health and medical leaders, especially alumni of the University of Alabama, directly with the affairs of the college, its medical education program, its family medicine residency, and the Capstone Medical Center. Society members were to use their multiple talents to give the college the benefit of their individual and collective advice; sponsor meetings between society members and university administrators for an exchange of objectives, plans, and overviews; provide a continuing flow of funds to the college to assist in carrying out its mandate to secure health care for small communities; and to recognize devoted supporters.

The purposes and goals of the society and the college have remained the same, but specific needs have changed. In the early days, support was needed to pay resident stipends, to supplement faculty salaries, and to build and equip the Educational Tower at Druid City Hospital and the Capstone Medical Center. Current major areas of need are the medical student loan fund, capital funds to build a faculty/administrative office building adjoining the CMC, the establishment of an endowed chair, and equipment for the CMC laboratory.

Dr. William Anderson served as chair of the Lister Hill Society Steering Committee from the society's founding until this past year, when he was replaced by Dr. Gordon King. Other members of the steering committee are Dr. Riley Lumpkin, Coordinator; Cynthia F. Thomas, Secretary; Dr. Bob Barfield; Sam Faucett; Dr. Joe Fritz; William Jessup; William Lanford; Victor Poole; Mrs. Harry Pritchett; Dr. William Shamblin; George Shirley; and Dr. James Thomas. Different classes of membership are available and are tax deductible. Additional membership information may be obtained from Dr. Wilmer J. Coggins, Dean (Post Office Box 6291, University, Alabama 35486).
"I was enthusiastic about beginning my internship, my first step into the real world." This was the comment of one health care management student who had chosen to take her ten-week practice internship at the Capstone Medical Center (CMC), an ambulatory care setting, rather than at a hospital or long-term care facility. As the Capstone Medical Center is discovering, this experience can be profitable to the institution as well as to the student.

Taken during the senior year, the HCM internship is designed to provide an opportunity for applying classroom training to practical settings and situations, to become acquainted with duties and functions of health care facility personnel, and to learn the use of tools employed by the management of the health care facility in the performance of its goals.

"The Capstone Medical Center was the first and, until recently, the only ambulatory care center in the area sponsoring an internship opportunity," according to Dr. Robert Gloor, Associate Professor of Community Medicine and Coordinator of the Health Care Management Internship program.

Dr. Gloor encourages students to choose the Capstone Medical Center or other ambulatory care facilities as the site of their internship: "I believe that outpatient centers and long-term care centers are the health facilities of the future. Due to changes in the health industry, there will be more management openings in this type of facility than in hospitals. I also encourage internships in centers like CMC because students are likely to be involved in more management areas than they would at a larger facility."

George Tulli, CMC Administrator, echoes Dr. Gloor's observations about where health care management jobs will be found: "For health care administrators, the growth industry is outpatient care. Ambulatory care and long-term care are expanding and many group practices are evolving. Management opportunities in hospitals will be dwindling due to changes in third-party insurance reimbursement. I am glad to see potential managers get their hands-on experience in outpatient facilities and become acquainted with the critical elements in this area of health care."

According to Tulli, the HCM student gains varied management experiences while working side-by-side with CMC employees in each department and at all levels of administration: "Twelve hours a week for 10 weeks, the intern works with each department head, rotating through nursing, laboratory, purchasing, medical records, and the business office. In this way, they become familiar with the functions of each department as well as the interconnections among departments."

As part of the internship requirements, Tulli asks each intern to do one or two projects during their time at CMC. These have turned out to be more than simple assignments for interns; they have provided useful information relevant to the long-term concerns of the center. He reports that "some of the special projects have included a lab productivity analysis, a study on how to improve and expand public information about the center's availability, a return on investment analysis on the potential purchase of certain laboratory equipment, job descriptions for two levels of nursing unit supervisors. All of this information has been utilized in one way or another: We adjusted our personnel needs in the lab; we are developing a marketing plan for CMC; we decided not to purchase a piece of lab equipment; and we will be implementing the nursing positions later this year."

Tulli adds, "One recent project by an intern was the development of a profile of the typical CMC patient. This study told us whether the average patient is insured or not, what clinical department sees the greatest numbers of these patients, whether they entered the system by hospital referral or the traditional admission process, etc. This information has helped us to get a handle on the type of patient we see most frequently and will be useful in future plans for the center."

Dr. Gloor reports, "Students want to be able to make real contributions to the organizations they work with. The internship experience at CMC and other outpatient facilities has proven that those contributions are really being made."
Dr. Joe Burleson, a 1939 graduate of the University of Alabama, received his medical degree from the University of Louisville in 1943. During the war years, Dr. Burleson served in marine hospitals in Staten Island and Buffalo, New York. After the war, he practiced general medicine and surgery in Decatur, Alabama, during which time he published two articles in the Journal of the American Medical Association; one of them reported on the management of two full-term abdominal pregnancies.

In 1951, Dr. Burleson entered the postgraduate program in orthopaedic surgery at the Mayo Clinic and Foundation. After his graduation from the residency in 1954, he received a Master of Science in Orthopaedic Surgery from the University of Minnesota. He practiced orthopaedic surgery in Asheville, North Carolina, for almost twenty years before joining the staff of the University of Alabama Health Service in 1974.

Dr. Burleson joined the college's faculty in 1977 as an Associate Professor of Surgery and Director of Surgical Education. One year later, he received a Faculty Recognition Award from the senior medical students. Dr. Burleson has also been nominated twice for the National Alumni Association's Outstanding Commitment to Teaching Award.

During his tenure at CCCHS, Dr. Burleson, along with Dr. William F. deShazo III, Associate Professor of Family Medicine, contributed the orthopaedic chapter to the major medical text Family Medicine: Principles and the second edition Family Medicine: Principles and Practice. He and Dr. William R. Shamblin, Associate Professor and Chief of Surgery, published "Surgical Training of Family Practice Residents" in The Journal of Family Practice. Dr. Burleson has served for six years as a member of the Committee on Admissions, University of Alabama School of Medicine, and is a past president of the Alabama Orthopaedic Society.

Dr. Burleson's retirement, as of January 1984, is received with regret but also with gratitude for the quality of his contribution to the college's programs during the past seven years. His warmth and genuine concern for students, residents, staff, and faculty have endeared him to us all. We wish him a healthy, active, and rewarding retirement.

Ficken will retain his position as Director of Medical Student Affairs. Dr. William Dressler, Associate Professor, will serve as Acting Chief of Behavioral Science.

Linda Knight has been appointed Research Technician for Community Medicine.

Dr. James D. Leeper, Associate Professor of Community Medicine, has been appointed editor of the Statistics Section Newsletter of APHA.

The Alabama Society of Medical Assistants honored Dr. Riley Lumpkin, Assistant Dean for CME and Professional Relations, for his contributions to the organization with a dinner at the Lamplighter on October 31, 1983.
Dr. Robert NORTHUP, Professor and Chief of Community Medicine, and Dr. Robert GLOOR, Associate Professor of Community Medicine, have been appointed Clinical Professor-Voluntary and Clinical Associate Professor-Voluntary, respectively, in the Department of Preventive Medicine, School of Medicine, at the University of Alabama in Birmingham.

Dr. Michael O'REAR, Post-Doctoral Fellow, has been named Director of Research for the Ford Foundation Grant.

Presentations and Publications

Lee W. BADGER, Research Coordinator in the Department of Psychiatry, with Dr. Jane D. Furr, Department of Educational Psychology, presented the paper "Early School Learning: Implications of Race, Marriage, and Pregnancy" to the Mid-South Educational Research Association annual meeting on November 16-18 in Nashville, Tennessee.

Dr. Ralph JONES, Professor and Chief of Psychiatry, presented a paper titled "Education of Physicians for Care of the Chronically Mentally Ill" to the American Public Health Association annual meeting on November 13-17, 1983, in Dallas, Texas.

Dr. James D. LEEPER, Associate Professor of Community Medicine, presented a paper titled "Mental Disorders Among Physical Disability Determination Patients" at the APHA meeting on November 13-17, 1983, in Dallas, Texas. Authors of this paper are Dr. LEEPER, Lee BADGER, Research Coordinator in the Department of Psychiatry, and Tamar MILD, formerly Data Analyst in the Department of Community Medicine.

Dr. Steven W. PARKER, who received his medical degree in 1979, published an article on Hemophilus Endocarditis in the January 1983 issue of the Archives of Internal Medicine.

Dr. Robert E. PIERONI, Professor of Internal Medicine, presented a paper titled "Facts and Fallacies of Nutrition: A Historical Overview" to the Georgia Dietetic Association annual meeting on November 10, 1983, in Atlanta, Georgia. He also presented a paper titled "Tuberculosis in the Elderly: A Growing Challenge" to the Southeastern Branch of the American Society of Microbiology annual meeting on November 11, 1983, in Tuscaloosa, Alabama. Others from CCHS presenting papers or posters, with Dr. Pieroni, at the meeting were Dr. John V. MURRAY, third-year resident, "Gastrointestinal Tuberculosis: A Diagnostic Dilemma" (paper); William R. KRAUSE, Laboratory Director of Capstone Medical Center, "Rubella Prevention Program in a Family Practice Setting" (poster session); Martin HOWARD, junior medical student, "Anaerobic Infections: The Evolving Spectrum of Antibiotic Sensitivity" (poster session); and Terri Thames, former microbiology graduate student, and Dr. Robert Stinson, Assistant Professor of Microbiology and Biochemistry, "Analysis of Antitoxin Levels to Diphtheria and Tetanus in Selected Human Populations" (paper).

Applications Submitted

The Department of Family Medicine has submitted a joint application with the departments in Birmingham and Huntsville to the DHHS "Grants for Faculty Development in Family Medicine" program. The purpose of the request is to alleviate a chronic shortage of family physician educators in Alabama. Dr. Russell ANDERSON, Associate Professor and Chief of Family Medicine, is named as the project coordinator on this campus.

Grants and Contracts Funded

The CCHS Research Committee has awarded small grants to Dr. Marcia CHESEBRO, Assistant Professor of Family Medicine, for the study "Mental Health Status in First-Year Family Practice Residents" and to Dr. James LEEPER, Associate Professor of Community Medicine, for "The Effect of Nature-Based Experiences on Children's Adjustment to the Hospital," which also involves faculty from the university's Department of Human Development and Family Life.

Meetings, Workshops, and Consultations

Dr. Russell ANDERSON, Associate Professor and Chief of Family Medicine, attended a meeting of the Residency Assistance Program in Kansas City, Missouri, December 8-10, 1983.

Rebecca BURNS, Director of Medical Records,
attended the American Medical Records Association Conference on "DRG's and Case Management" on December 8-9 in New Orleans, Louisiana.

Dr. Wilmer J. COGGINS, Dean, Dr. Roland PICKEN, Acting Associate Dean for Academic Affairs, and Dr. David E. LEWIS, Assistant Dean for Financial Planning and Management, attended the Association of American Medical Colleges meetings in Washington, D.C., in November.

From November 1 to November 11, 1983, Dr. William DRESSLER, Associate Professor and Acting Chief of Behavioral Science, was on a research consulting trip for the Pan American Health Organization in connection with the PRECAYAS Project (Prevention of Cardiovascular Disease). The aim of the research project is to determine significant clinical, dietary, and sociocultural factors in the etiology of cardiovascular disease in developing nations as a means of preventing increased mortality. He spent five days consulting with members of the Faculty of Medicine at the University of the West Indies, Mona, Jamaica, to develop a pilot project to study sociocultural factors in essential hypertension. He also presented a colloquium in the Department of Medicine entitled "Hypertension and Cultural Change in the West Indies." From there, Dr. Dressler went to Mexico City to consult with members of the Department of Community Nutrition at the Instituto Nacional de la Nutricion (INN). He worked with them on preliminary data analysis of information collected in a pilot survey conducted in a small town in central Mexico. More extensive data gathering in each field site will begin next spring.

Margaret GARNER, Assistant Professor of Family Medicine, attended the annual meeting of the Commission on Accreditation of the American Dietetic Association in Chicago, Illinois, December 5-9, 1983.

Dr. Robert E. PIERONI, Professor of Internal Medicine, attended the board meeting of the Alabama Gerontological Society at Ann Jordan Lodge November 29 through December 1, 1983.

Lisa RAINS, Chief Medical Librarian, attended a meeting of the Advisory Committee for the Pioneer Alabama Library Association in Winfield on November 10. Ms. Rains also attended an executive council meeting of the Health Sciences Librarians' Roundtable (HSLRT), Alabama Library Association in Montevallo on December 2. She is currently serving as moderator of HSLRT.

Six medical students will be taking their required community medicine clerkship in an international setting. Tim KELLY and Brian GLEASON left the middle of December for two months in Cali, Colombia. Charles TOMPKINS will serve two months in Haiti starting in January, and Steve BROOKS will be in Haiti starting in February. Steve DEMETROPOULOS and Michelle MILLER will serve two months in Jamaica beginning in February.

Visitors and Special Events

Dr. Nirmal S. Mann, Associate Professor of Medicine, Texas A&M University College of Medicine, Temple, Texas, visited with the Department of Internal Medicine December 4 through 16 giving teaching conferences and noon conferences at the Veterans Administration Medical Center and Druid City Hospital. Dr. Mann is a gastroenterologist.

Allen Wier, Associate Professor of English, read from his fiction at the First Friday Letters, Science, and Medicine Conference on December 2, 1983. Mr. Wier's first novel, Blanco, and a collection of short stories, Things About to Disappear, were published simultaneously by Louisiana State University Press in 1978. His second, Departing as Air, was published in September of this year by Simon and Schuster. He has been the recipient of a National Endowment for the Arts Individual Grant in Creative Writing and a Fellowship in Fiction from the John Simon Guggenheim Memorial Foundation.

Community Service Activities

In full regalia, Pack Leader George TULLI, Administrator of the CMC, led Cub Scout Pack No. 88 as they marched in the PARA Christmas Parade on December 12, 1983.

Newcomers

Mary Joyce CHAMBERS has been appointed secretary to the Administrator of the Capstone Medical Center.
After a four-year absence, Sue CHRISTIAN has rejoined the staff as a secretary II in the Dean's Office.

Vital Statistics

Dr. Carol E. MITCHELL, first-year resident, married Dr. Juan Johnson on December 3, 1983, in Anniston, Alabama.

Patricia NORTHCUIT, Director of Nursing, married Lackey Stephens on November 25, 1983.

Dr. David O. PARRISH, who received his medical degree in 1981, and Nancy Parrish announced the birth of their son, Matthew O'Neil, on April 19, 1983. Dr. Parrish is Resident Director of the United Services Academy of Family Practice in Pensacola, Florida.


Miscellaneous

Vital Statistics

As of November 30, 1983, the Resident Selection Committee had interviewed 50 resident prospects, with 14 more interviews scheduled for December.

The next formal deadline for the submission of applications to the CCHS Small Grants Program is March 31, 1984. However, the Research Committee may consider applications at any time if some urgency is involved. For further information contact Dr. James Leeper, Chair of the Research Committee.

College Calendar

January 1
First Friday Letters, Science, and Medicine Conference, 12:30 p.m., 101 Educational Tower, Druid City Hospital. The Reverend Ralph Milligan.

January 11
General Faculty Meeting, 12 noon, Carrel Room, Capstone Medical Center.

February 3
First Friday Letters, Science, and Medicine Conference, 12:30 p.m., 101 Educational Tower, Druid City Hospital. University Dancers.

February 8
General Faculty Meeting, 12 noon, Carrel Room, Capstone Medical Center.

February 15
Deadline for the submission of applications to the university's Research Grants Committee. For additional information, contact Sarah DeMellier, Coordinator of Contracts and Grants.