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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D C 20548

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HUMAN RESOURCES
DIVISION

B-146858

FEB 25 1977

The Honorable
The Assistant Secretary of Defense (HA)

Dear Dr Smith

We recently completed a survey of Department of Defense (DOD) medical facilities in the United States and Europe. As part of that survey, we distributed questionnaires to physicians assigned to seven military hospitals to obtain their opinions concerning conditions which may be influencing the quality of medical care. A total of 293 physicians responded to the questionnaire, representing about 70 percent of the questionnaires distributed.

Because many areas in the questionnaire responses may be of interest to you, we are enclosing all the responses with the thought that this information could be useful in DOD's day-to-day management and evaluation of a valuable resource--physicians. One question (Number 41) concerns physician retention. The answers to this question might be of particular interest to you since it highlights reasons why physicians plan to leave the military service.

An area of particular interest to us was the physician assistant (PA) programs of the Army, Navy, and Air Force. We believe that work now being done for the Air Force, which is aimed at assessing the appropriate role of these health care providers in Air Force medical facilities, could be beneficial to the entire DOD hospital system.

PHYSICIAN ASSISTANTS

Responses to question 21, part 2, indicate that physicians are substantially dissatisfied with the adequacy of PA staffing levels. In addition, comments from officials at some military hospitals which had PAs and from military officials in Washington, D.C., were complimentary of the PAs' work. They stated that if more PAs were available, PAs could absorb more of the physicians' workloads.

As you know, in fiscal year 1977, monies for the direct funding of PA training programs were eliminated from the budget. The services' response to this action differed substantially. The Army initiated a

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pilot program in late fiscal year 1977 which placed greater reliance on individuals trained in civilian schools. The Navy is planning to phase out PA training by the end of fiscal year 1978.

The Air Force initially trained registered nurses to undertake PA responsibilities, in accordance with a recommendation made in the budget decision. Graduates of this program were designated as Primary Care Nurse Practitioners. In evaluating their work performance, however, Air Force officials observed that nurses in the program generally were having difficulty assuming a role of diagnosing medical problems and initiating health care delivery. As a result, the Air Force ended this program in November 1976 and decided to continue its PA training program by reallocating funds from other programs.

We recently learned that the Air Force is sponsoring a RAND Corporation study to determine the most appropriate mix of physicians and physician extenders--PAs and Primary Care Nurse Practitioners--in Air Force medical facilities. We understand that the study's preliminary findings suggest that physician extenders can adequately do a large portion of the work now done by physicians in general medical clinics, and accordingly, more of them may be needed in the Air Force health care system. The Air Force is now testing RAND's recommended staffing mix at six Air Force clinics, and final conclusions are expected in 1978.

The preliminary results of the RAND study largely reflect the comments and opinions we received regarding the value of these health care providers. However, the comments and opinions we received covered a cross section of physicians from the Army and Navy as well as the Air Force. One shortcoming of the RAND study seems to be that its scope is limited to the Air Force health care system.

Our survey showed that all three services believed PAs could do much of the work now done by physicians. Accordingly, we believe the benefits that may accrue to the Air Force as a result of the RAND study might also be applicable to the Army and Navy hospital system. Some of the benefits which we believe may accrue include

- Achieving cost savings as a result of making greater use of physician assistants in health care roles normally assumed by physicians
- Alleviating the current shortage of General Medical Officers.
- Diminishing the frequent complaints from physicians that they spend too much time treating routine ailments and not enough time practicing in their specialty area

We are aware that certain differences among the health care systems of the three services in both a peacetime and mobilization status might

limit the direct application of the RAND study findings to the Army and Navy. Examples of such differences include

- Army and Navy hospitals tend to be larger than Air Force hospitals.
- The Navy needs to provide care on ships at sea as well as at land-based facilities.

In light of the preliminary findings, we believe that you should examine the scope of the RAND study to determine whether the final results can be directly applied to the Army and Navy. If you decide they cannot, you may want to consider broadening the scope of the study to determine the optimum mix of physicians and physician extenders in the different hospital settings of all three services. By using the Air Force's work, you may be able to greatly increase the applicability and value of the RAND study findings.

If the results of the RAND study can be applied to the Army and Navy, you may wish to consider providing training in a single triservice facility, since this could be more cost-effective than individual training facilities in each service. In an April 23, 1976, "Point Paper," the Surgeons General discussed this training approach.

We appreciate the cooperation and assistance given by DOD personnel during our survey. We will be glad to discuss any questions with you or your representatives.

Sincerely yours,



Thomas P. McCormick
Assistant Director

Enclosure