REPORT OF THE A.A.P.-A.N.A. CONFERENCE ON UTILIZATION
OF ALLIED HEALTH WORKERS IN MEETING
THE MANPOWER CRISIS

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On October 22, 1970 a portion of the annual meeting of the American Academy of Pediatrics in San Francisco was devoted to a conference on the utilization of allied health workers in meeting the manpower crisis. It was jointly sponsored by the American Academy of Pediatrics and the American Nurses' Association and was the third and most successful of similar meetings. The first one, held at the Academy's Chicago meeting in October, 1969, provided an introduction to the concept of pediatric nurse practitioners. The second, held at the Washington meeting of the Academy in April, 1970, resulted in a frank exchange of views of the official nursing organizations and academy representatives and pointed to the need for open discussion and collaboration on the subject.

The San Francisco meeting got down to the business of a more objective analysis of issues, and though there was much heated discussion most of it was constructive. An attempt was made by the planning committee to include on the program different models of allied health workers in pediatrics. The program highlighted discussion about discharged medical corpsmen, laboratory technologists, pediatric assistants, as well as the more familiar pediatric nurse practitioner.

Of the 418 persons in attendance, 294 were nurses, 43 physicians, and 81 were other interested persons. When one of the nurses criticized the fact that there were so few physicians in attendance, Donald Frank of Cincinnati, a member of the Academy's Manpower Committee, pointed out that there was a fivefold improvement in physician attendance since the first conference.

The opening keynote address was given by Philip R. Lee, M.D., former HEW official, now Chancellor of the University of California at San Francisco, who refreshingly offered no simple solutions. He pointed out that none of the current proposals for National Health Insurance recognize any special priority for children. Dr. Lee emphasized that current proposals could aggravate the present demand for services without a commensurate improvement in the supply, distribution, and utilization of manpower. Dr. Lee proposed a series of large-scale regional experiments in provision of health care in widely dispersed geographical areas. He said, "Unless we demonstrate a willingness to test alternatives that meet the requirements of access, availability, comprehensiveness, quality, and reasonable cost, solutions will certainly be imposed upon us by those with less knowledge of what is needed." As a former top government official, Dr. Lee was undoubtedly aware that the logic of testing alternatives before launching massive new
programs has little chance of being applied. His note of resigned pessimism was not lost on this audience.

Dr. Lee mentioned the pharmacist as the most frequently overlooked source of professional health manpower and discussed the significant development in pharmacy education of clinical pharmacy programs. He mentioned that the feasibility of pediatricians and clinical pharmacists working closely together is being carefully evaluated in the pediatric outpatient clinic at the University of California, San Francisco. “The clinical pharmacist works either on the hospital wards or in the outpatient clinics with physician and nurse as an advisor on drug therapy, as a monitor of such therapy, and as a dispenser of drugs, advising the patient on appropriate use and possible adverse effects.”

Finally, Dr. Lee quoted former Secretary of State Dean Rusk, who said, “About 90% of the medicine practiced in the United States is practiced by mothers of families. Yet we do relatively little to train those mothers of families to carry out the job which they are going to do anyhow, with or without training.” Dr. Lee stated, “The need to provide mothers with adequate and appropriate training is most urgent among the poor, where it has been largely ignored.”

THE VOICE OF THE CONSUMER

Consumers are increasingly important participants on health care panels and were represented at this meeting by Mr. Bruce Poyer of the Center for Labor Research and Education of the University of California at Berkeley, and consultant to the California Council for Health Plan Alternatives. He spoke about the Council for Health Plan Alternatives, an organization which represents 2,000,000 union members. It has a purpose of collective bargaining for improved alternatives of health and welfare programs in California’s medical market place. He said that the effort of the organization has not been successful to date because of “local medical society politics, internal hospital staff bickering, and the lack of new systems which can deliver comprehensive health care to union members by way of improved utilization of personnel or by other techniques.”

Mr. Poyer felt that the commercial insurance industry has great control over negotiated health and welfare programs and fights hard to resist any analysis of that control by anyone not paid by the industry. He was preaching to the converted, by pointing out that adequate insurance coverage is seldom available to the dependents of workers. Few labor health spokesmen who rail against “procedure-oriented” third party fee schedules, recognize that pediatricians have been fighting this battle for years.

The Council for Health Plan Alternatives also has a goal of developing a closer relationship between the labor community and the poverty community, by identifying common health care problems, and by seeing joint approaches to the solution of these problems. Activities in this area have included support for the upward mobility of paraprofessions and support for continued OEO clinic funding.

LEGAL ASPECTS

Mr. George McKray, a San Francisco attorney associated with the University of California School of Public Health in Berkeley, discussed the legal barriers to good health practice, using also a paper prepared for this occasion by Dr. Ruth Roemer, Associate Researcher in Health Law at the University of California at Los Angeles. He urged that steps be taken to remove the rigid clutch of the licensure laws on the scope of job functions, while at the same time guaranteeing the public superior health care. It was suggested that legal approaches be instituted which offer more than the palliative provision of new categories of health workers. Law must also provide a mechanism for authorization in a broad way of new functions and new kinds of personnel as technology, training, and organization of health services warrant them. He was critical of the recent Child Health
Associate Law in Colorado and the Physicians’ Assistants Law in California, which have the effect of limiting rather than providing for flexibility in extension of practice. McKray’s learned dissertation pointed up the great advantage in involving attorneys’ knowledge in the intricacies of medical practice laws when health manpower innovations are considered.

**DIFFERENT KINDS OF ALLIED HEALTH WORKERS**

Several models of allied health workers in different pediatric settings were described. Glenn Austin, M.D., a private practitioner from Los Altos, California, described the pediatric assistant prepared in a community college. He has been delegating responsibility, mainly involving technical tasks associated with well-child care, to his office assistants for several years, and is very matter of fact about it. At Dr. Austin’s instigation, a course of pediatric assistants is being established at nearby Foothill Community College. The Director of Technical Education at that college, Nathan Boortz, Ph.D., was even more matter of fact than Dr. Austin. He said, “Tell us the job that you need done, and we will train the people to carry it out.” Both were fearful that the training of pediatric assistants might become too enmeshed in educational bureaucracy.

Mrs. Carol Clow, a laboratory technician and newly appointed member of the Faculty of Medicine at McGill University, presented an elegant paper describing how she and a registered nurse, Terry Reade, provide 95% of the care to children with complex hereditary metabolic disease at Montreal Children’s Hospital. These patients require close biochemical monitoring; much of the care is provided at home. Mrs. Clow concluded that, “The type and number of personnel involved in a program supervising care of hereditary metabolic diseases would vary with the clinic, its setting, and its size. The important attributes needed in these persons are common sense, a working knowledge of the diseases under supervision, and interest.” In meticulous fashion, characteristic of the third co-author, Charles Scriver, M.D., this paper provided an evaluation of this manpower innovation. The details studied were: rate of entry of patients into the program, summary of patient contacts, the difference in number of contacts in two successive years, a job analysis of the two allied health workers in the clinic, an analysis of home visits, the subject matter in telephone calls, and the cost of care. Incidentally, the cost was estimated to be about $3.00 per day per patient. The complete paper, which deserves to be read by all involved in treating children with chronic illness, will be published by the *New England Journal of Medicine*.

The next speaker was Gerald R. Bassett, M.D., Deputy Director of the MEDEX program in Seattle. He explained that MEDEX is a joint program conducted by the Washington State Medical Association and the University of Washington. Advantage is taken of the highly specialized training and extensive experience of special duty corpsmen in the armed services. Emphasis is placed on polishing and refining existing skills rather than *de novo* training. Thus the discharged corpsmen spend only a small amount of time (3 months) training at the medical school, and a relatively large amount of time (1 year) with their physician preceptor in on-the-job training. The program has received enthusiastic support from physicians and from patient families. It is particularly appropriate in rural areas where recruiting physicians or nurses is difficult. Dr. Bassett’s talk caused some anxiety among some of the nurses in the audience. The performance of the MEDEX is recognized by their skills rather than their educational levels. Most have never graduated from college, and eventually receive higher salaries than most professional nurses. As more MEDEX programs develop (Dr. Bassett is launching a new program at the University of North Dakota), the question will receive more attention.

The frankest paper of the day was delivered by Noel Guillozet, M.D., pediatrician,
and Ethel Gozzi, R.N., nurse practitioner, who work in a group practice serving a large rural area near King City, California, in the Southern Monterey County Medical Group. Mrs. Gozzi practices independently and is treated as a colleague by the physicians. She calls for consultation when she feels it is needed; no one is looking over her shoulder. Dr. Guillozet obviously has a high regard for Mrs. Gozzi's abilities, refers her many cases, and along with his physician colleagues, seems too concerned with getting through a crowded office schedule in an undermanned clinic to worry about whether his traditional prerogatives are being usurped by a nurse. There is more than enough work for everybody. These two set an impressive example that should be imitated throughout the country.

**Physician-Nurse Collaboration**

Donald Frank, M.D., representing the American Academy of Pediatrics, and Gertrude Church, R.N., representing the American Nurses' Association, discussed the recent establishment of a joint committee of these two organizations for the purpose of reviewing health manpower issues. This was an important step in the difficult job of joint planning for health care. While a good start has been made by pediatricians and nurses in working together, it was pointed out by a social worker at the conference that this kind of physician-nurse approach is the "Adam-and-Eve" concept in medical care, and that all of the allied health workers must find ways to plan together.

**Nursing Education**

The final papers of the day examined the education of nurses. Abraham B. Bergman, M.D. of Seattle stated that "Organized nursing has not addressed itself to the critical health manpower shortage facing our citizens, but rather has issued narcissistic pronouncements on the image of the nurse. Nursing educators occupy themselves gazing upon their reflections in sequestered pools while the tidal wave rolls inexorably to shore." He stated that were physicians and nurses able to communicate better, we would not see the uncontrolled growth of the physician assistant movement outside of the nursing profession, inside which, he said, it logically belongs.

Because the physician assistant issue begs the question about the fate of the entire nursing profession, Dr. Bergman said, "The sooner physician assistant training programs are coopted by nursing schools the better, as long as the interests of patients are put before those of our professional unions. It will not be long before we see a whole host of physician assistant guilds springing up, each clamoring for certification to keep other people out." He called for a common core teaching program for teaching health science students and stressed the need for role models actively engaged in nursing practice for students. He felt that nurses must take more initiative toward independent function, primarily in the psychosocial areas where the nurse potentially has the greatest expertise and where the physician falls down the most.

Mrs. Rheba De Tornyay, associate professor of the University of California School of Nursing in San Francisco, and President-elect of the California State Nurses' Association, also commented on nursing education: "Although the nursing profession, through its accreditation criteria, has long held to the notion that specialization should begin at the graduate level, I believe that it is time for nursing to examine and evaluate this pronouncement. I am suggesting that perhaps specialization needs to be considered at the senior level in the baccalaureate program." She believes collaboration among health workers to be essential and called for practice in the art of collaboration in the basic programs of the schools of the health sciences.

Dr. De Tornyay thinks nursing students are socialized to the submissive role. "Helping nurses to learn new skills is relatively easy. Changing attitudes from being submissive, reluctant to assume responsibility, and from refusing to be held accountable is
a different problem entirely. . . . I believe this is one of the major challenges facing nursing education at the present time,” he said.

COMMENT

It is true that nurses, mostly women, have difficulty in becoming more committed, productive workers in the health industry. The current revolution among women, evidenced at this meeting by obvious women’s liberation negative vibrations when Glenn Austin referred to the nurses in his office as “gals,” can have great effect in improving this situation. Perhaps this revolution can stir women to undertake more productive activities, while at the same time allowing them to remain feminine. Perhaps too, nurses can maintain that “nurturing, caring” attitude, while still becoming more knowledgable, analytic, aggressive, and creative. While this is happening, will men accept the development, or will the male backlash increase in its intensity and impede progress?

Another inhibitor to progress, noticeable at this conference, was the vested interest of the professional group, whether it be medicine, nursing, or other. The truth emerged between the lines, in questions from the audience and during the intermissions. The quest for power and control and its economic accompaniment is unrelenting. There continues an inability to focus first on the health needs of people and last on self-interest.

The give and take that occurred at this meeting and the joint examination of common problems by members of several disciplines must continue not only by professional organizations, but also, and increasingly, in individual offices, clinics, hospitals, and wherever health programs develop in the future.

Others involved in program planning for the conference were: Miss Gertrude Church of the HEW Maternal and Child Health Service in San Francisco, Dr. Eugenia Waechter of the University of California School of Nursing in San Francisco, Miss Bernice Petersen of the Oregon State Board of Health in Portland, Mrs. Ann Smith of the University of Colorado School of Nursing in Denver, and Mr. Wesley Duiker, Director of the AAP Office of Allied Health Manpower in Evanston.

Editor’s Note: See also, pages 965, 966, and 1064.
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