

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

WASHINGTON, D.C. 20201

REFER TO:

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Honorable John E. Fogarty United States House of Representatives Washington, D. C. 20515

Dear Mr. Fogarty:

Thank you for your letter of January 19 in which you ask our comments on the proposed health protection legislation of Senator Harrison Williams.

First of all, as you may know, we were asked by the Senator to provide professional and technical assistance to him and his staff in the course of the development of this legislation.

Unrelated to this proposal, however, we have talked to many health officers, professors of preventive medicine and other health authorities who see prevention of long term illness and disability through early disease identification and control as real foundations for the improvement of the health of our citizens. I share this view.

Specifically, my comments on the proposal are:

- 1. The basic concept is sound. The long range answer to the health problems of the aging is in early identification and control of disease and prevention of illness and disability. This is the essence of health protection.
- 2. The ideal method for achieving this goal would be a periodic health examination for everyone including all appropriate laboratory tests. As an ideal we can strive toward this goal. Realistically, we know that there are not enough physicians now to accomplish a program on this scale and that many people could not afford such an examination even if physicians services were available.
- 3. However, it does seem entirely feasible to take the proven automated testing techniques from Kaiser Permanente and adapt them for further demonstration on a community-wide basis in other areas of the country.

The proposal provides that all test results be sent to the participants physician and that all participants be advised to visit their physicians for a physical examination associated with the test findings. But, where indications of disease or abnormality were discovered, special follow-up action would be taken by trained health personnel to strongly encourage participants to secure medical attention. Considerable attention will have to be given to the problems of referral to the center and follow-up of the findings obtained in order to successfully integrate this facility into the overall health care services of the community.

- 4. Proper attention has been given to the problems of training and research. There are built in from the beginning mechanisms for specialized training of personnel and for operational research both of which are geared completely to objectives of improving the operation of the health protection centers.
- 5. The idea to computerize and automate Regional Centers to the maximum degree and then to make their computer facilities and general expertness, available to Community Centers in the area is good. This would insure efficient use of computers and provide a focal point of activity in each area which would be sensitive to Regional differences and problems.

Generally speaking, it appears to be a sensible plan. The total system ultimately envisioned might do more for preventive medicine and health protection than anything yet proposed. It's a new and imaginative idea incorporating modern instrumentation and computer use to a recognized growing health problem represented by chronic illness and to the problem of scarce professional time. Since it does represent a radical, but at the same time sensible, departure from current practice, it would seem preferable that any final proposal reflect a gradual development—allowing sufficient opportunity for modification and improvement as experience dictates.

Above and beyond the merits of specific elements and methodology of the proposal, the attention given to protection and maintenance

of health through <u>prevention</u> of illness, disability, and, where possible disease, is of extreme importance. I think that hearings revolving around the bill devoted to this sadly neglected area of health practice would be in the National interest.

Sincerely yours,

Eugene H. Guthrie, M. D. Chief, Division of Chronic Diseases

Enclosure