

Medical Groups

Happier Doctors And Healthier Patients

(NAPSA)—Like the corner café, the idealized picture of a solo doctor making house calls began evolving long ago. You can still find them, but since the start of the first group practices at the Mayo Clinic in the late 1800s, the medical group model has shaped the delivery, quality and future of health care in America.

Medical groups today are generally formed around a particular specialty, but they are also attractive to doctors who want to share the significant cost of facilities, equipment and staff.

Then

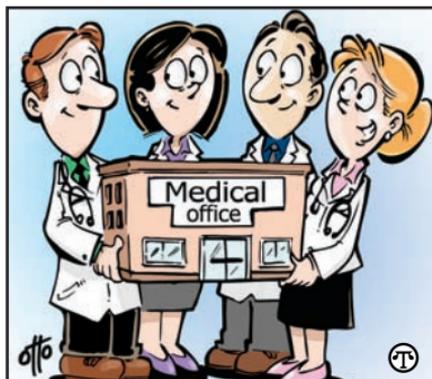
The first medical group was formed in 1870 in South Dakota. As practices grew, they needed administrators to keep things organized. One of the first practice managers was Harry Harwick, who was hired by the Mayo Clinic in 1908.

As medical students began specializing and medical science accelerated the pace of new systems and technology, it became increasingly difficult for solo physicians to provide everything their patients needed. Organizing multispecialty groups that also offered diagnostic services and lab testing seemed like a better way to provide communities with comprehensive care. The number of group practices grew from 300 in 1932 to more than 37,000 in 2003.

Now

Group practices allow doctors to exchange advice and referrals, and to make health care delivery more cost effective by sharing administrative resources and expenses. Patients benefit by receiving comprehensive, coordinated, quality care.

Group practice is also good for innovation. Doctors in group practices were the first to link tobacco use and lung cancer, the first to use a heart-lung machine during



Group practices can mean happier doctors, healthier patients and lower medical care costs.

open-heart surgery and the first to use electromagnetic imaging.

While some doctors prefer their independence, the group model appeals to most medical students today. According to Medical Group Management Association (MGMA), the nonprofit association whose 22,000 members manage organizations in which 275,000 doctors practice, 43 percent of medical residents prefer a group practice. Only 4 percent hope to go into solo practice.

To Come

The future of medical groups may be linked to the evolving relationship between physicians and hospitals. In the 1970s, most physicians only came to the hospital to perform surgeries. Today, many practice in groups that are owned by hospitals. Their offices are on hospital campuses and their success is directly tied to the hospital's success. In many ways, they are mutually dependent.

So what does this evolution of medical group practices mean for patients? According to MGMA, it means better, more coordinated, more affordable health care. It means happier doctors and, most importantly, healthier patients. And in the end, that's the only outcome that matters.