

**Editor's Note:** In early July Dr. James L. Dennis, who on June 25 had been given added authority by being named executive vice president for Medical Center affairs, announced his resignation. In September he is returning to the University of Arkansas where he was an administrator and teacher before coming to OU. Dr. Dennis made no bones about his feelings when he announced his decision to leave. He did not feel that he could work well with President Hollomon nor did he feel the medical education facilities were getting the care and attention they needed. In some quarters his fight for more money and better facilities for the Medical Center was billed as a personal feud between Hollomon and Dennis that some saw as a "him or me" stand off. Few remembered the times when Dr. Dennis lashed out with equal vigor at Dr. George L. Cross and his administration. There is no denying that Dr. Dennis' constant prodding has meant growth for the Medical Center. He has been an able administrator. Undoubtedly, however, he will be followed by another able administrator who will build on the groundwork laid by his predecessor. The following story is about one of those foundations. — CBR

# Wakita:

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Wakita, Oklahoma: Population 452, a dot at the top of the map in the north central part of the state at the end of Highway 11-A.

That's the picture presented by the road atlas.

But during the past four years, Wakita has become known across the land to persons concerned with the increasing problem of delivery of health services to the medically deficient areas of the nation.

To health leaders, Wakita is synonymous with the "Oklahoma Plan" or "Project Responsibility," for here, in this prosperous Grant County community, is located the pilot project of the University of Oklahoma Medical Center's unique study to determine the most effective means of providing health services for rural peoples. Results of this "in vivo" research will be widely studied for years to come, if present interest is an indicator.

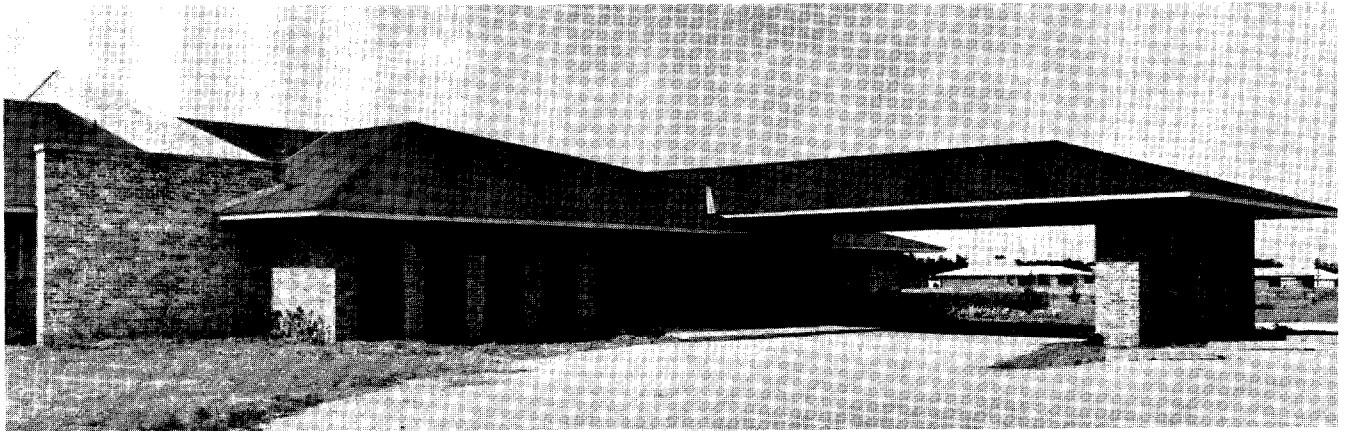
The Community Health Center of Wakita — embracing a 16-bed hospital, 13-bed extended care facility, 22-bed nursing home, clinic and pharmacy — went into full operation in December 1969 upon arrival of Dr. Donald Graves, the project's first full-time physician, from Lynchburg, Kentucky.

Medical Center officials describe Wakita as a "medical care experiment station," a demonstration unit in the packaging and delivery of medical services to rural areas.

It is operated as a wing of the University, a satellite of the University of Oklahoma Hospitals, with Robert C. Terrill, OU Hospitals director overseeing the hospital administration.

## Experiment in Health

By Imogene Patrick



The Medical Center's northernmost unit, the Community Health Center of Wakita, a medical care experiment

Although a unit of a university some 150 miles removed, the health center is very much an enterprise of the community of Wakita and Grant County, whose industrious leaders raised the money to build and equip the \$500,000 structure and who work closely with Medical Center officials. The marriage of small community and university enterprise is another unusual aspect of the experiment.

The philosophy of community leaders is reflected in a brochure printed by Wakita Industries Inc. to urge residents to contribute to or buy stock to help build the facility and underwrite initial operations:

"Wakita and the Grant County area were selected by the University of Oklahoma Medical Center," the brochure says, "to become the pilot effort in 'Project Responsibility' because of our need, our distance from present medical services and the expressed support of all of us in the area.

"Our responsibility now is to carry it through.

"Ours is the responsibility to provide the funds to build the clinic-hospital . . . The responsibility as individuals to provide for the medical care of our families and neighbors . . . The responsibility to provide a climate suitable for new industry . . . The responsibility to provide a climate that will be inviting to families seeking a home."

Dr. James L. Dennis, leader in establishing the Wakita Center, will leave his post as executive vice president for Medical Center affairs in September. He described the center this spring at the University of New Mexico School of Medicine in a commencement address in which he proposed the establishment of satellites to existing major community hospitals and university medical centers as a means of taking primary health care to the have-not areas, primarily to the rural people, the ghettos, and suburbia.

He said: "This unique facility located in a large rural area with no health facilities is not a traditional hospital.

"It combines under one roof a small group clinic designed for three physicians, with a supporting team of allied health workers, a nursing home, extended medical care facility and acute beds for emergency treatment and observation, diagnosis and acute medical care, a minor surgery and emergency room, laboratories, x-ray and a pharmacy.

"No major operating room! All major elective procedures are scheduled in the nearest total service community hospital — 50 miles away. The center can provide for 99 per cent of the health service demands of the community it serves. Its capital outlay costs were one-third of what a Hill-Burton facility with the same number of beds would cost.

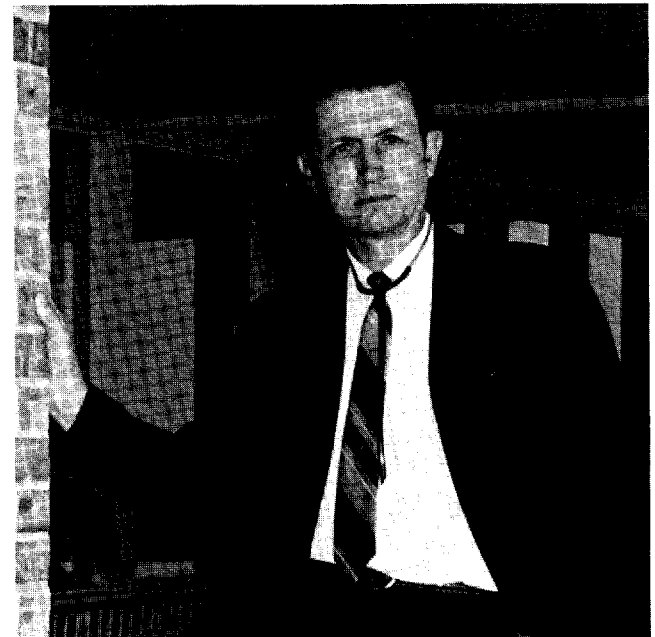
"We learned a great deal. Because this facility was more than a clinic, it could not be licensed as a clinic, but it was less than a hospital and more than a nursing home . . . We finally opened as an experimental unit of the University, after 18 months' delay."

Problems such as licensing of a new breed of health facility and of staffing — the core of the health care delivery problem Project Responsibility seeks to help solve — beset the pilot project from the beginning.

In basic medical research in the laboratories the course of a project often changes as new findings emerge. So it is with Wakita. The center is running

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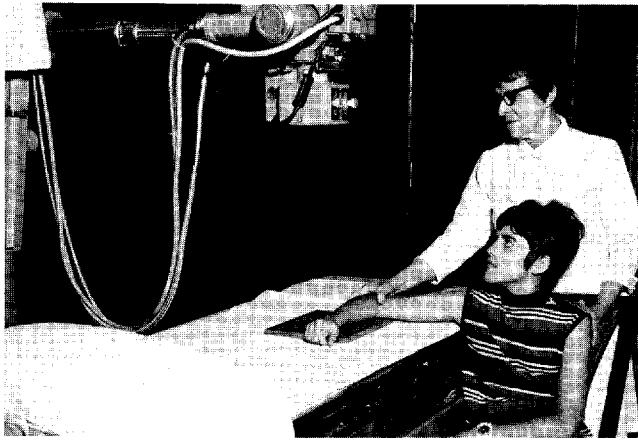
Donald Graves, M.D.

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behind the anticipated timetable, but today Wakita has a medical doctor and allied health workers, and the prospects are bright for additions to the staff within the next few months.

The Community Health Center of Wakita was not conceived as a facility through which the University of Oklahoma Medical Center would provide medical care to one state community.

"The medical school is not going to get into the business of practicing medicine," Dr. Dennis said at the outset. "But we feel that we do have a medical social responsibility and propose to find the answers to rural health care deficits by actual study and evaluation."



A well equipped X-ray diagnostic lab

The initial plan for the Wakita Health Center was drawn with an eye to overcoming what officials saw as the two major deterrents to medical practice in small communities remote from urban areas, namely overwork and isolation of the physicians from fellow medical scientists and from educational and cultural opportunities for families.

The blueprint called for staffing the pilot center with a general practitioner, a pediatrician and an internist, each with medical school teaching appointments, and with nurses, a social worker and other allied health personnel. Physicians would receive standard fees for service with a guaranteed minimum salary.

This staffing arrangement would give doctors an opportunity for professional dialogue and time off from seeing patients, time to keep abreast of developments in medicine, time to spend with their families, to read, to engage in recreational and cultural activities. Hopefully, they would not be driven away by loneliness and fatigue.

The plan appears to be on the way to fruition. But experience in the Wakita research shows that it is difficult to attract health professionals to outlying areas even under optimum conditions, notably modern physical facilities, the opportunity to participate in an innovative teaching program in family medicine, and the enthusiastic support of residents of a forward-looking community with a per capita income far above average.

Medical schools cannot dictate the kind of practice nor the place of practice of the new physician. He will go where he is attracted, hence, officials feel rural practice must be made attractive to physicians and other health personnel if rural health services needs are to be met.

Project Responsibility was first proposed by Dr. Dennis in an address before the Oklahoma Academy of General Practice in February 1965. It included a continuing inventory of health workers in Oklahoma to pinpoint needs and serve as a basis for updating health personnel training, a program presently in progress.

The program gained immediate acceptance of the general practitioners and subsequently the Oklahoma State Medical Association, as well as governmental and lay leaders.

Project coordinator was Dr. Thomas C. Points, who recently left the Medical Center for Washington, D.C., to accept appointment as deputy Health Education and Welfare assistant for health services where he is expected to advise on rural health manpower problems.

Thirteen Oklahoma towns applied and were surveyed for the pilot health center. Some twenty others made application.

Wakita was chosen in March 1966. It met the requirement of being a medical have-not community. Wakita had been without a doctor of medicine for two years. The only M.D. in Grant County, with a population of some 8,000 at that time, was a 77-year-old physician at Pond Creek.

Other communities had similar deficits, but Wakita showed extraordinary enthusiasm for the undertaking. A prospectus detailing fund-raising plans, community resources and potential was presented.



and compact kitchen for all patients

Said John D. Williams, then president of the Wakita Industries, Inc., and chairman of the Clinic Committee of the Wakita Lions Club:

"We see the establishment of a community health center as a basic requirement for community growth. We think this will open many doors for the community to thrive and prosper. We have attracted new industry in recent years. With adequate medical facilities we can attract more."

He added: "When Dr. Points first came up to explain the program, we sent out 168 invitations to the meeting — the capacity of the church — and 168 came."

Soon after the selection the late Clarence W. Lewis and Mrs. Lewis, former Oklahomans, then living in Hutchinson, Kansas, donated a six-acre site for the development.

Area residents had raised enough money through solicitations and stock sales by December 1967 to let a \$385,469 contract for construction of the building. Wakita Industries Inc. offered \$200,000 in preferred stock which was loaned to the Wakita Clinic Corp.

The Community Health Center of Wakita was dedicated September 14, 1968, in ceremonies addressed by Dr. Dwight L. Wilbur, then president of the American Medical Association, who saw the health center as "a manifestation of free enterprise in its finest sense."

The spacious, well-appointed nursing home facility opened first, then the pharmacy, clinic and hospital.

For several months the clinic was staffed by residents in the new Family Practice residency program at the Medical Center in Oklahoma City, who rotated in service at the health center, and by Dr. Roger I. Lienke, head of the Medical Center's Family Medicine Division, and Dr. Thomas Lynn, chairman of the Department of Community Health in both the Schools of Medicine and Health.

Dr. Larry Magnuson, a 1965 OU medical graduate, spent seven months in practice at the center before being called to active duty with the Army at Brooke Medical Center, San Antonio, and plans to return upon fulfillment of his military obligation.

Last fall Dr. Graves, in general practice in Kentucky for some 18 years, forsook the hill country for the plains of north central Oklahoma to pioneer in the kind of program he had dreamed of seeing develop in Kentucky. He was appointed to the OU faculty as an assistant professor of community health.

Meanwhile in May of 1969 the University Board of Regents assumed responsibility for operation of the health center in order that it could be licensed as an adjunct to an existing licensed hospital, the University Hospitals, and function as an educational unit.

Dr. Graves is a slim, youthful 1970's version of the country doctor, practicing in a facility where modern equipment and supporting staff are available instead of making the rounds of the countryside armed with a bagful of pills and a prayer.

Dr. Graves received his medical education at the University of South Dakota School of Medicine (he is a native South Dakotan) and New York Medical College, where he received the M.D. degree in 1945. He interned and spent two subsequent years in the Navy then took a one year general practice residency at Mount Mary Hospital, Hazard, Kentucky. He later

opened and directed the Home Place Hospital, a Kentucky community health center.

The physician's wife and five children joined him in Wakita in June.

The present staff also includes Mrs. Dorothy Schmitz, acting hospital administrator, seven registered nurses, two licensed practical nurses, eleven nurse aides, a dietitian, a combination laboratory and x-ray technician, and a part-time physical therapist.

The clinic is open 24 hours a day. The physician is on call at all hours, and a registered nurse is on duty around the clock.

Wakita was planned as an integral part of the Medical Center education program and is steadily assuming this role. In addition to the family practice residents serving there until a full-time staff physician could be recruited, a doctoral student in the School of Health spent months at Wakita completing research for his dissertation, and dietetic interns from the Medical Center received some of their experience last year at the "OU Medical Center - North."

Dr. Lynn holds a Community Health Center medical staff appointment and commutes there for staff meetings as does Gregory J. Harmon, an assistant director of University Hospitals.

Dr. Lynn says educational functions will include a five-week preceptorship for senior medical students beginning next academic year, a dietetic internship and physical therapy student rotation, and a more formal rotation program for family medicine residents, young physicians in training for the new specialty of family or general practice.

It is very possible that Wakita also will become a training ground for physicians' assistants in the new training program expected to be started in the School of Health this fall, Dr. Lynn said.

"A prototype of this unit could be transplanted to any urban or suburban neighborhood or ghetto area as a satellite of an existing community hospital, providing a portal of entry into the health care system with accessible primary care and neighborhood walk-in emergency care," Dr. Dennis said.

"Grandma could be in a nursing home unit near her friends and family — and what nursing home has a health team with physicians right down the hall? This kind of satellite would free the larger community hospital emergency rooms and enable more efficient bed and service utilization. Serious and complicated problems would be screened at the health center than scheduled at a large community hospital. All you get is better service and better care at a lower cost."

Scientists engaged in basic research cringe at the word "breakthrough" and the suggestion of overnight production of a single "magic bullet" or "miracle drug" to cure a feared disease.

Research into the delivery of health care likewise takes time and patience and should not be expected to yield an instant cure to a chronic problem.

"We are still not completely staffed and usage is not as high as we want," said civic leader Williams. "But the attitude of the public in Wakita is still good and the center is proving itself. We have a real fine physician in Dr. Graves and another (Dr. Magnuson) wants to come back."