

nook and corner filled with patient services and staff members practically working on top of each other to treat the patient load; and

WHEREAS, The absence of private family physicians in the patients' home communities and the easily accessible services at Franklin Square Hospital mandated a careful plan to alleviate the situation; and

WHEREAS, Franklin Square Hospital was able to establish a residency training program in family practice, approved by the American Medical Association in 1972, followed by a \$53,123 Federal grant from the National Institutes of Health to support a modest portion of the initial costs of developing the program; and

WHEREAS, The practice of family medicine today is a skilled specialty in which the physician evaluates a patient's total health needs, provides personal medical care within one or more fields of medicine, emphasizes preventive services, refers the patient to other specialists when indicated, and maintains continuity of care; and

WHEREAS, Unlike tertiary and secondary health care problems, there is an urgent need for family physicians to treat primary health care problems in the community, problems that afflict any of us once or frequently and can most efficiently and economically be treated in an outpatient facility with a primary care center; and

WHEREAS, There currently should be at least 120 family physicians in the 300,000 resident service area of Franklin Square Hospital (one family physician for each 2,500 population), and despite its commitment, the Hospital is facing a grave financial crisis in sustaining its family practice program with 7 residents and only 1 full-time faculty supervisor; and

WHEREAS, The insistent demand is to increase the number of residents by 4 each year to a level of 18 to 24 residents in the total program, with 6 to 8 family physicians being certified each year to serve the area; and

WHEREAS, Franklin Square Hospital requires an adjacent outpatient facility with a family practice center to process patients to ambulatory and specialized clinics and to handle the large volume of diagnostic procedures with a laboratory and x-ray department, the capital cost of which is \$1.8 million for a single level building of 20,000 square feet; and

WHEREAS, The State's Health Services Cost Review Commission is developing policy that would prohibit a