

"Fleet" Family Practice in Newport

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Family Practice, although new to Naval Hospital, Newport, is a well established specialty within the Navy, having begun in 1970 at Naval Hospital, Jacksonville, FL. Family Practice became a specialty as recently as 1969 with the inception of the American Board of Family Practice.

In 1979 a group of Jacksonville family practice residents envisioned a fleet-oriented Family Practice Department for the Newport, RI, area, but due to billet constraints, implementation of the proposal did not occur until 1982 when family physicians were first billeted in Newport.

Methodology and Philosophy

The Family Practice Department that developed as the Navy's first Family Practice department in New England utilizes an innovative surface fleet-oriented format.

It is patterned after the Aviation Family Practice Clinic at NAS Jacksonville, and enrollment is strictly voluntary. The program is offered to all married active duty crewmembers and their dependents attached to Commander Naval Surface Group Four (consisting of Staff SURFGRU-FOUR, USS *Edson* (DD-946), USS *Connole* (FF-1056), USS *Capodanno* (FF-1093), USS *Miller* (FF-1091) and USS *Valdez* (FF-1096), USS *Affray* (MSO-511), USS *Exploit* (MSO-440), the Shore Intermediate Maintenance Activity, and the area Coast Guard vessels. Second priority was offered to all other married active duty members

assigned to the Newport area for longer than 1 year. In addition, approximately 10 percent of each physician's patient panel consisted of retired members and their dependents in order to provide each physician with a greater diversity of patient ages.

The ultimate goal was for the physician to develop a rapport with his ship(s) as a unit as well as with his individual patients. In this way, the physician would become acquainted with each ship's unique health care needs and be in an excellent position to respond to those needs. Unit identity and increased unit morale would be fostered due to a large portion of the families receiving medical care from a single physician. According to CAPT Theodore D. Gross, MC, commanding officer at the Naval Hospital Newport, "The Family Practice Clinic provides a tremendous service to families. In the cases of those on the ships who are enrolled in Family Practice, the physician can understand family stress and pressures. The family doctor is also the ship's doctor. This closes the loop for comprehensive care. The Navy family, not just dependents and sponsors, is whom we should be thinking about."

Implementation

During the months preceding September 1982, many hours of advance planning were necessary to obtain clinic space, essential supplies, and ancillary personnel. A complete list of essential materials was developed and amended as necessary. Because the Family Practice Department was new to the naval community at large and the hospital staff, public information was essential in getting the department off to a successful start. In early September 1982 the commodore of

SURFGRUFOUR was briefed on the concept of "Fleet" Family Practice. In addition, each physician briefed the commanding officers of his ships as requested and forwarded applications to each ship's ombudsman. Members of the Health Care Consumer's Council (a liaison group consisting of representatives of all local commands) were briefed and announcements were placed in SURFGRUFOUR's plan of the day. The new department updated the hospital staff with a Continuing Medical Education presentation entitled "Family Practice in the Military."

Within days the clinic was scheduling its first patients. Over the next several months enrollment rapidly increased as did utilization of the clinic. Presently, the department provides care to 75 to 100 outpatients per clinic day, follows an average of 3 to 5



Sick call sessions improve the physician's insight into shipboard medicine. Here, LCDR Joshua Bennett examines a patient aboard USS Miller.

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inpatients, and delivers 10 to 15 newborns per month.

In addition to his providing medical care as a family physician, he also serves as the ship's doctor. Each ship's independent duty corpsman has telephone access to his medical officer for patient consultation, regardless of the patient's enrollment status. The consultations have, on occasion, included acute medical problems. One example was a ship-to-shore communication between LCDR Richard Taggart and HMC David Scharf of USS *Miller* concerning a seaman with acute abdominal pain. This enabled HMC Scharf to initiate appropriate therapy prior to medevacating the patient to Naval Hospital Newport for definitive management. The majority of the consultations, although not as dramatic as an acute abdomen, allow rapid resolution of a medical problem.

Additionally, the physicians provide on-board consultation by holding ship sick call on a rotating basis one afternoon per week while ships are in port. These sick call sessions improve the physician's insight into shipboard medicine by displacing him from his usual hospital setting. The relationships established between the physi-



Corpsmen are included in the Tuesday afternoon minor surgery clinic. Here, LCDR Richard Taggart instructs a corpsman in minor surgical techniques.



LCDR Edward Read addresses dependents of USS Conrole at pre-deployment briefing.

cian/corpsman and physician/crewmembers improve the quality and efficiency of the medical care delivered. This enables the corpsman to examine patients with a medical officer and provides informal continuing medical education as well as enhancing the physician/corpsman relationship. In this way the ship's corpsman can initiate on-board therapy and save vital man-hours. HMI Tony A. Zarate, independent duty corpsman, USS *Exploit* (MSO-440) relates that "The visits enable crewmembers who can't break away from their shipboard duties to see a doctor. Having a small ship, one man being away creates a large loss in man-hours." The corpsmen have been included in the Family Practice Clinic's Tuesday afternoon minor surgery clinic. This affords corpsmen the opportunity to receive further instruction in minor surgical skills which may be utilized during deployments.

A key area where the rapport between crewman, family, and medical officer is most beneficial occurs when family dysfunction results in poor work performance. Timely resolution of problems can be accomplished as a direct result of this established relationship. This rapport

becomes extremely valuable during ship deployments. The family physician's involvement begins with participation in dependent pre-deployment briefings. Frequently, the deploying married crewmember is uneasy and wonders, "Who will take care of my family if something happens while I'm gone?" The one physician/one ship arrangement gives a face and personality to this "who." During the deployment the physician serves as a liaison between the hospital and the deployed ship. He often assumes the role of medical travel advisor for dependents who will meet the ship in foreign ports.

Summary

As the surface fleet expands during the 1980's, the Fleet Family Practice concept will incorporate any new ship homeported in Newport. This will undoubtedly require considerable advance planning for staff physicians, facilities, and ancillary staff. Based upon the current level of success and acceptance of this system, the time and effort will be a prudent investment. We encourage all Navy family physicians to consider a "fleet" oriented system for any surface, submarine, or aviation facility staffed with family physicians. □

U.S. NAVY MEDICINE

September-October 1984

