

6. Gold RB, Daley D. Public funding of contraceptive, sterilization and abortion services, fiscal year 1990. *Fam Plann Perspect* 1991; 23:204-11.
7. Jones EF, Forrest JD, Henshaw SK, et al. Unintended pregnancy, contraceptive practice and family planning services in developed countries. *Fam Plann Perspect* 1988; 20:53-67.
8. US Preventive Services Task Force. Guide to clinical preventive services: an assessment of the effectiveness of 169 interventions: a report of the US Preventive Services Task Force. Chapters 53 and 54. Baltimore: Williams & Wilkins, 1989.

Roles of Family Physicians

To the Editor: While Dr. Scherger is as thought provoking as always, in his article about family practice models (*Models of family practice. JABFP* 1992; 5:649-53), he errs in assuming that all Kaiser facilities are identical.

Although Northern California Permanente has been slow to appreciate the breadth of family practice training, most of the Southern California Kaiser facilities utilize family physicians in both inpatient and outpatient settings.

At Kaiser Fontana, for example, our family physicians have had full inpatient privileges in medicine, intensive care and cardiac care units, pediatrics, and optional obstetrics for more than 20 years. The majority of the staff at the Fontana medical center practice obstetrics, and in the past year we have expanded privileges to our satellite physicians who wish to practice obstetrics. Our family medicine residents operate three inpatient services with the help of family medicine and internal medicine attending physicians.

In the outpatient setting, the Fontana family medicine department handles all acute surgical and orthopedic trauma cases for the medical center, does its own admissions, and operates subspecialty clinics for colposcopy, vasectomies, minor surgeries, sigmoidoscopies, counseling, and dermatology.

One of the attractions of family medicine training in a Southern California Kaiser facility is the opportunity to learn and use a full range of inpatient, outpatient, and procedural skills from family medicine attending physicians who model these skills in their daily practices.

Irvin S. Roger, MD
Kaiser Permanente
Fontana, CA

To the Editor: In his article, "Models of Family Practice," which appeared in your November-December issue, Dr. Scherger makes several references to Kaiser Permanente and suggests that family physicians in our group model health maintenance organization (HMO) either focus on or are limited to office care. This is simply not true.

Within our Northern California region, we offer family physicians a wide variety of practice settings. At some of our medical centers and clinics, family

physicians have chosen to limit their practice to ambulatory care or emergency department services. At other locations, however, we provide more traditional family practice services, including comprehensive outpatient, inpatient, and intensive care unit care, home care, and nursing home visits. In addition, many family physicians within our group regularly provide outpatient pediatric, gynecological, surgical, orthopedic, and trauma care. Family physicians interested in joining our group are encouraged to speak directly with individual family practice department chiefs about the role of family physicians at a particular facility.

Just as one cannot make broad generalizations about the role of the family physician in our society, one cannot accurately make a blanket statement about the role of the family physician within the Permanente Medical Group. I do agree wholeheartedly with Dr. Scherger that making medical students aware of the rich diversity of practice models available to family physicians (within both HMOs and traditional fee-for-service settings) would make them more likely to choose family practice residencies. No other specialty training gives graduating residents such a wide array of exciting and challenging practice opportunities.

John M. Chuck, MD
Kaiser Permanente
Fairfield, CA

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Generalizing is always very risky, and the letters from Dr. Roger and Dr. Chuck about my essay demonstrate that. I am delighted they have responded to my article pointing out that the Kaiser Fontana facility in Southern California and the Kaiser Fairfield facility in Northern California have an expanded role for the family physician. This information will add to the office-based role for the family physician, which is common in closed-panel health maintenance organizations (HMOs) or multispecialty groups. What Drs. Roger and Chuck and their faculty have done in establishing an expanded role for the family physician in the hospital shows that these roles are not static and can actually move in the direction of greater services for the family physician over time.

Joseph E. Scherger, MD, MPH
Sharp Health Care
San Diego, CA

Limits of Technology

To the Editor: The juxtaposition of the two editorials in the September-October 1992 issue of the *JABFP* created some irony. Does the "Parable of the Big Red Bull"¹ apply to ambulatory blood pressure monitoring (ABPM) discussed on the very next page?² This is said to cost "\$200 to \$300."²