

Hollinger Employees' Medical Service Plan Proving Great Success

Employees Find Plan of Very Decided Advantage. Review of the Operation of the System. Average Number Registered, 9,300. Cost of the Service.

The Hollinger Employees Medical Services Association has been in existence now for nearly two years, and has proved generally satisfactory and valuable. Most of the employees speak of the plan with approval and appreciation, while some are enthusiastic. The operation of the plan has won general notice, not only in Canada, but in other countries. Those who have studied the matter are inclined to see in the plan a means of advantage to all concerned. There is a general tendency to believe that before long the plan will be adopted in many other places and that it may eventually be accepted as a form of general health insurance.

In the current issue of the Bulletin of the Ontario Medical Association, the details of the affair are carefully set forth as follows: **Hollinger Employees' Medical Services Association**

A report of the operation of the Hollinger Employees' Medical Services Association for two complete years is presented. It appears that some form of prepayment medical service plan or arrangement between the physicians and the public is inevitable, or possibly a form of State Health Insurance, might offer the solution for medical care of the public at large, or in groups. It then might be of interest to present the experiences of this Medical Association in a controlled group.

In June, 1937, the employees of the Hollinger Mine expressed a desire by ballot to avail themselves of an association whereby their families and dependents would receive complete medical attention with choice of doctor. This was in contrast to a medical contract in existence, whereby the employee, in return for a stipulated regular deduction every four weeks, would receive for himself only, medical care, hospitalization, and x-ray services. This was enlarged to take care of the family and dependents, and the previous contract for the individual employee was automatically terminated. In the formation of the Association, an agreement was drawn up between the representatives of the employees and the doctors. The operation of the Association is carried on by the Board of Directors consisting of an equal number of employee members and medical members.

The average number of persons registered under this Association is 9,300, consisting of 3,100 employees and 6,200 dependents, which number includes the wives, sons and daughters, etc. A survey in April, 1939 showed that there were 9,329 persons registered on the Plan. Of these, 907 are single employees without dependents, 455 have a family of 2, 574 with 3, 468 with 4, 275 with 5, 155 with 6, 113 with 7, 42 with 8, 26 with 9, 15 with 10, 7 with 11, 1 with 12 and 1 with 13. These are the total families which include dependents. Outside of the immediate families, such a man and wife with 2 children, there are 210 dependents included in the above figures. This figure of 9,329 varies according to the termination of employment of the individual employee or other factors.

There are 49 doctors resident in the Porcupine district, of whom 45 are members of this Association. There are 33 offices represented in this number of 45 doctors.

The contribution by the employee to a central fund is made by a single payroll deduction for each employee for each period of four weeks, or 13 deductions per year. There is no graduated scale of deductions according to the size of the family. The single employee without any dependents contributes \$1.75 every four weeks. The married or single employee with dependents contributes \$2.65 every four weeks. Except during the first three periods of the operation of the first year of this Plan, the mine management has contributed \$1 per employee every four weeks. The moneys received for the first year were \$123,144, and in the second year, \$136,129. The distribution of the funds is carried out by the payment of hospitalization, nurses, x-ray, administration, etc., in full, and the remainder of the fund is distributed among the doctors, after their accounts are checked by the Medical Executive Committee. The amount paid for hospitalization in the two years has amounted to 16.1 per cent, for x-ray 3.6 per cent, nurses 2.4 per cent, and administration 5.4 per cent, leaving a remainder for the doctors of 72.5 per cent. This amount has paid the doctors' accounts at approximately 70 per cent of the Ontario Medical Association Tariff. It is to be noted that, in the administration costs, such items as special drugs, special services, and the payment of radium and x-ray therapy have been included, so that this figure cannot be regarded as absolutely accurate, but serves to give an approximate value. It should be noted that the fund derived from deductions of the payroll, as well as from the management, has been augmented by the fact that the management of the Hollinger have collected all the finances without charge to the Association. They have further materially helped by the furnishing and the printing of special forms used in this Association, as well as in the distribution of the statements to each employee each period. If this Association were not linked with such an industry, these items would form an additional expense.

The Association operates under an agreement which may be amended from year to year, and the problems that arise are adjusted by deliberation between two Committees, which together form the Board of Directors. Matters concerning both the patient and the doctor in the form of operation of the Association are covered by the agreement, and matters dealing entirely with medical practice are provided for in the form of rules and regulations, which have to do entirely with the practice of medicine. The basis of practice under such an association as this is that which any professional man would carry on in his or her private practice. There are no conditions set up whereby any doctor cannot carry out honest practice with common sense. The payment and distribution of moneys is made through a central office supervised by the Medical Executive Committee, one of whom is the medical supervisor.

The hospitalization of patients is under the direct supervision of each individual doctor. There is no time limit, and the Association is responsible for ward accommodation only. Hospitalization is looked upon as part of the treatment, and not as the cure. It naturally follows that if a patient is ready to be discharged, it is immaterial to the Association whether that patient stays for one month or longer. The responsibility of the Association ceases on a written order of the doctor. An attempt is being made to provide necessary hospitalization.

Nursing services are supplied under the direction of the doctor in charge of the individual case. It so often happens in private practice that a nurse is very essential during the treatment of a serious case, and the difficulty arises in the provision of such a nurse through the lack of finances. The policy is to provide the nurse where necessary, and for the necessary length of time only, to ensure that the patient recovers. Added to this, the Association provides a nurse for each obstetrical patient for the period of delivery up to twelve hours in any home, whether or not the patient is regarded as an abnormal case. Obstetrical cases are admitted to hospital if this is considered to be necessary by the physician in charge. If considered to be normal cases, the patient may go to the hospital on her own responsibility, and at her own expense. This provision for abnormal obstetrics only is a matter of necessity as no form of medical services could estimate the amount required to properly hospitalize obstetrical patients in lieu of poor housing conditions in the mining camp.

Sufficient medical attention is given in the home, office or hospital. The Association recognizes necessary surgery only. All major surgery is carried out after consultation, and after which consultation and report is considered and passed by the Medical Executive Committee. Consultations are held with a member from another office. Obvious acute emergency surgery does not require the consideration by the Committee, but can be carried out as the need arises.

It has been the custom to refer such cases as carcinoma, etc., to outside centres for treatment and hospitalization, if necessary. This includes all those cases which do not come within the scope of the ordinary general practitioner or surgeon in a centre such as Timmins. The responsibility of the Association is only with the hospital or surgeon as the case may be, but not with any transportation or outside expenses. It is interesting to note that, with the growth of the camp, as well as the greater average of individuals, the number of carcinoma cases is rapidly increasing.

Each medical member signs an agreement with the Association that he or she is willing to abide by the rules and regulations, and this has been extended to all properly qualified nurses who may nurse under the Association. This registration is a means of protection to the patient as well as to the profession.

In order to determine the condition of dependents, other than those of the immediate family, whom the employee may wish to register, a medical examination is carried out. This is done to ensure that no chronic disease is admitted whereby the Association would assume a heavy burden out of all proportion to the average risk.

The morbidity among the group for the first year was 21 per cent, and for the second year, 23.2 per cent. This was regarded as being too high for the ordinary incidence of illness in any community, and starting with the third year of operation, in order to control what may be termed unnecessary house visits demanded by the employee or his family, an additional 50 cents is deducted from the payroll for the employee or the member of his family who demands some service during the period, or \$1 where more than one of the family has occasion to see the doctor. The maximum amount is \$1. The results of this experience remain to be shown.

On the basis of 9,300 persons registered in this Association, the cost of service given to each individual per year is as follows:

| | |
|----------------|-------------|
| House | \$ 3.10 |
| Office | 4.15 |
| Surgery | 3.42 |
| Consultations | .28 |
| Nursing | .37 1/2 |
| Hospital | 2.10 |
| X-ray | .57 |
| Administration | .81 |
| | \$14.80 1/2 |

A summary would indicate that such a form of medical services is feasible.

and that the experience among the Hollinger employees and their dependents indicates that this Association is functioning very well indeed, and that the results to date are very gratifying. The total amount of money spent in 24 months totalled over \$250,000, at the end of which time the employees and their families were in the position to state that all the hospital, nursing, x-ray and medical bills were paid. If such a condition were made possible for all the people in Canada, a great number of the difficulties of the practice of medicine would be removed.

Births Registered

Born—on December 4th, 1939, to Mr. and Mrs. Mac George Portuque, of Mountjoy Township—a son.
Born—on January 1st, 1940, to Mr. and Mrs. Henry Walker (nee Geraldine Sullivan) of 59 Charles street—a daughter (stillborn).
Born—on December 27th, 1939, to Mr. and Mrs. Fred McNamara of 21 Mes-sines avenue, at St. Mary's Hospital—a

daughter. (Died three days after birth).
Born—on December 17th, 1939, to Mr. and Mrs. Arthur Chartrand, of 129 Commercial avenue—a daughter.
Born—on December 21st, 1939, to Mr. and Mrs. Roger J. Courtemanche, of 262 Birch street north—a son.
Born—on December 22nd, 1939, to Mr. and Mrs. Elias Dublin, of 97 Commercial avenue—a daughter.
Born—on December 15th, 1939, to Mr. and Mrs. Chas. Joseph Lapalme, of 78 Elm street south—a daughter.
Born—on November 18th, 1939, to Mr. and Mrs. Oscar Leblanc, of Mountjoy Township—a son.
Born—on December 15th, 1939, to Mr. and Mrs. E. E. Vallier, of 36 Columbus avenue—a daughter.
Born—on December 6th, 1939, to Mr. and Mrs. Hector Brousseau, of 9 Elm street south—a daughter.
Born—on December 4th, 1939, to Mr. and Mrs. John Hunt of 49 Sixth avenue—a daughter.
Born—on December 6th, 1939, to Mr. and Mrs. P. Morissette, of 71 Way avenue—a daughter.

Born—on December 15th, 1939, to Mr. and Mrs. Roland Palesent (nee Irene Lamothé) of 29 Ross avenue—a son.
Born—on November 30th, 1939, to Mr. and Mrs. Albert A. Robert, of 87 Main avenue—a son.
Born—on December 12th, 1939, to Mr. and Mrs. Joseph Andre Blais, of 105 Main avenue—a son.
Born—on November 30th, 1939, to Mr. and Mrs. Wilfrid Daigle of 13 Elm street south—a daughter.
Born—on December 14th, 1939, to Mr. and Mrs. Donat Arbour of 65 Commercial avenue—a daughter.
Born—on December 1st, 1939, to Mr. and Mrs. Edward Miles Wallingford, of 69 1/2 Third avenue—a son.
Born—on December 17th, 1939, to Mr. and Mrs. Denis Caron, of 15 Laurier avenue at St. Mary's Hospital—a son.
Born—on December 13th, 1939, to Mr. and Mrs. Napoleon Barrette, of 120 Mountjoy street, at St. Mary's Hospital—a daughter.
Born—on December 26th, 1939, to Mr. and Mrs. Kenneth Edward Willmott (nee Betty Fletcher) of 36 Patricia

Blvd., at St. Mary's Hospital—a son.
Born—on December 26th, 1939, to Mr. and Mrs. Gordon Bradley (nee Jessie Bowers) of 86 Cameron street, north, at

St. Mary's Hospital—a daughter.
Born—on December 29th, 1939, to Mr. and Mrs. Real Rackett (nee Linda Teider) of 87 Hollinger avenue—a son.



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Monday, January 8th

DOME at PAMOUR

Wednesday, January 10th

HOLLINGER at PAMOUR

DOME at ANKERITE (Dome Ice)

Friday, January 12th

ANKERITE at HOLLINGER

Monday, January 15th

PAMOUR at ANKERITE

Wednesday, January 17th

HOLLINGER at DOME

ANKERITE at PAMOUR

Friday, January 19th

DOME at HOLLINGER

McINTYRE at ANKERITE

Monday, January 22nd

PAMOUR at McIntyre

HOLLINGER at ANKERITE

Wednesday, January 24th

McINTYRE at DOME

HOLLINGER at PAMOUR

Friday, January 26th

DOME at HOLLINGER

Saturday, January 27th

McINTYRE at PAMOUR

Monday, January 29th

McINTYRE at HOLLINGER

Wednesday, January 31st

PAMOUR at DOME

Friday, February 2nd

ANKERITE at McIntyre

Saturday, February 3rd

PAMOUR at DOME

Monday, February 5th

HOLLINGER at ANKERITE

Wednesday, February 7th

DOME at PAMOUR

Friday, February 9th

HOLLINGER at McIntyre

Monday, February 12th

McINTYRE at DOME

PLAYOFFS

The four teams standing highest in the group at the end of scheduled games shall enter the play-offs.

The decision of the N.O.H.A. as to methods and dates of play-offs shall prevail. Subject to the foregoing:

(a) The teams standing first and third shall play home and home games; goals to count. The teams standing second and fourth shall do likewise.

(b) The winners of the aforesaid series shall play best two out of three games; goals to count.

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