## Wave of the future? Emergency care for drop-in patients

Sentinel Staff Writer

SANTA RUZ - It's a cross between a family doctor's office and a convenience market.

Our emergency medical clinic is going to have quality medical care by doctors who are highly qualified and are nice to people.

"And, it will cost only about half the price of medical care at a hospital emergency room," says Dr. Robert

Morris opened his drop-in emergency medical clinic today at a remodeled gas station and car rental office off Ocean Street, between the county center and Holiday Inn in Santa Cruz.

Before opening, he's had to post an \$8,500 bond to assure two underground gas tanks at the former service station will be removed in the coming year. The city had held up his occupancy permit until that assurance was given.

Morris's "emergency care center" is a modern \$7 to \$10 to a bill and I don't want to do that." approach to medicine that has grown out of hospital emergency rooms extending their services to patients tion insurance. with less than life-and-death medical problems.

That includes treatment for flu, colds, broken bones, backache, cuts and asthma.

No appointment is necessary and the clinic is open from 8 a.m. to 9 p.m.

The center can handle true emergencies - it will have a defibrillator, chest tube and a cardiac pacemaker but Morris hopes he'll never see one.

He says since most critical care patients end up in ambulances, they'll be taken to hospital emergency rooms and "I hope that other critical care patients know enough to get to hospital emergency rooms.

While the price is right, Morris will not take MediCal because it will only pay part of the bill and his office will not bill insurance companies.

"We'll give advice and help if we can, but billing adds

The clinic will take cash, credit cards and compensa-

Free standing clinics such as Morris' are having mixed success and about half of them are failing.

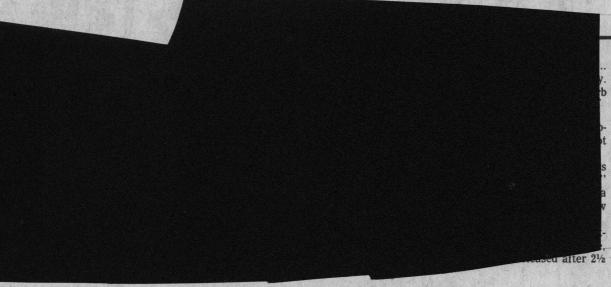
But Morris believes they are the wave of the future and a logical evolution of the present hospital emergency room where Morris has spent his career.

He's worked at both Dominican and Community hospitals in this county and presently works in an emergency room in San Jose.

He says in years past, emergency rooms were only for true emergencies. They often sent patients away who could make it to the next day when their family doctor

Or, in many case, the family doctor was willing to get to the patient's home and take care of his own.

Today, patients don't have to be at death's door to get SEE BACK PAGE





Dr. Robert Morris

## Drop-in emergency care-

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through the emergency room door and they can get care for their survivable misery alongside a patient who is fighting for his life.

The difference between Morris's care center and the hospital emergency room for non-critical patients is from

That amount of money is built in to pay the cost of "fancy equipment and high-priced personnel," Morris says

He says hospitals aren't getting rich off their emergency rooms, but hope to built a patient loyalty when the time comes for serious medical problems.

About 80 percent of all hospital emergency room service could be treated at his clinic, Morris says.

He'll do no on-going patient care, but treat the immediate problem and send the patient back to his or

him, but he hopes doctors will have consideration for

their patients' pocketbooks and send them to him.

He'll charge \$60 for a four-suture cut compared to the hospital's \$120: \$60 for an ankle sprain compared to \$155: and he'll charge \$55 for an asthma treatment compared

When it comes to removing sutures, Morris and his doctors will do it for \$10 compared to the hospital's \$60 to

Morris says he'll chose his colleagues and members carefully from among those he's met in his career in emergency medicine.

Morris is 39 years old and says he loves his work in emergency rooms. Pulling someone through is "the tremendous high" of his life.

He doesn't like the word "emergency" in his clinic's name, but says hospitals corrupted the word when they expanded services.

His clinic will have six beds and an X-ray room that Morris says maybe the hospitals will not exactly love can hold a bed if necessary. There'll be three curtained rooms and rooms for pediatric, orthopedic and

gynocological treatments.

His studies of the Santa Cruz area foretell tough times, but Morris is saying initial response, even before opening, is giving him confidence.

The more successful free standing emergency clinics are in the more affluent and more populated urban areas.

He's willing to accept the challenge and put his money behind it.

"I'm an idealist and I want to practice my style of medicine — medicine that cares about the patient.

"I don't like not taking MediCal, but everyone tells me if I do take it, I'll go under. If I fail then I can't bring this medicine to the working people, those in the middle who aren't rich enough to pay medical costs and don't have full insurance coverage.

"I spent three years with the Peace Corps in Africa and I can live on super simple means if it comes to that,'

"All that I want to do is practice my style of medicine, to bring love to the care of patients.'