

OSTEOPATHIC GRADUATE MEDICAL EDUCATION

Carlo J. DiMarco, DO, President

The most critical issue facing the osteopathic medical profession today, in my view, is Osteopathic Graduate Medical Education (OGME). As the number of new colleges of osteopathic medicine increases, so does the number of graduates seeking postdoctoral training positions. I am devoting my Presidential year to the creation of more osteopathic residency programs. This report details progress to date.

Notable Progress

The AOA is working diligently to get new OGME programs established around the country. Since July of 2008, 34 OGME programs have been created, adding 277 AOA-approved slots as follows:

- Family Medicine: 67 positions
- General Internal Medicine: 63 positions
- General Surgery: 25 positions
- Orthopedic Surgery: 24 positions
- Urological Surgery: 21 positions
- Emergency Medicine: 16 positions
- Neurology: 12 positions
- Psychiatry: 12 positions
- Cardiology: nine positions
- Internship: six positions
- Interventional Cardiology: four positions
- Neuromusculoskeletal Medicine-Osteopathic Manipulative Treatment: four positions
- Geriatrics-Internal Medicine: four positions
- Gastroenterology: three positions
- Neuromusculoskeletal Medicine: three positions
- Palliative Medicine: two positions
- Pulmonary-Critical Care: two positions

Fifty-one percent, or 141, of these new positions are in specialties other than primary care. It is important to expand the number of AOA-approved positions in all specialties if our profession is to reverse the increasing trend of DO graduates training in programs accredited solely by the Accreditation Council for Graduate Medical Education.

In addition to the creation of new positions, the AOA worked with the Oklahoma Osteopathic Association (OOA) to preserve 165 AOA-approved internship, residency, and fellowship positions in Oklahoma. With 11 residency programs and five fellowship programs, Oklahoma State University (OSU) Medical Center in Tulsa is the largest osteopathic graduate medical education site in the country. The primary training site is associated with the Oklahoma State University College of Osteopathic Medicine (OSUCOM) in Tulsa. OSU Medical Center was on the brink of closure due to ongoing financial difficulties.

The AOA and OOA helped broker an agreement to solve OSU Medical Center's financial problems while keeping the hospital and its OGME programs intact. OGME residency positions were preserved and the OSU Medical Center continues to provide care to a disproportionately large number of patients who are uninsured, underinsured, or on Medicaid.

Ongoing Initiatives

The AOA is undertaking several strategies to strengthen OGME. Additional information on these initiatives is available from me or AOA staff.

Foremost, the AOA is intensifying its OGME Development Initiative under the leadership of AOA Trustee, Michael K. Murphy, DO, who chairs the OGME Development Initiative Advisory Committee. This initiative identifies non-teaching, or "virgin," hospitals that would make suitable sites for OGME residency programs. More than 40 consultants are trained to work with hospitals, engage in conference calls and make site visits. Primarily directors of medical education, osteopathic medical educators and chief executive and chief financial officers of hospitals that have successful OGME programs, these consultants meet with administrators of non-teaching hospitals to answer questions about the osteopathic medical profession, OGME, the AOA approval process, Medicare payments, start-up costs and related matters.

The Hospital Corporation of America (HCA) represents more than 400 hospitals and outpatient centers nationwide. In November, AOA staff made presentations at an HCA regional meeting in Florida. The presentations centered on starting OGME programs at HCA hospitals throughout the Southeast and on the resources, assistance and benefits available to hospitals that establish OGME programs.

Other AOA activities promote the OGME Initiative. For example, in deciding on which five topics the AOA's 2009 history essay competition should focus, the Bureau of Osteopathic History and Identity included three that resonate with the presidential theme of "Leading to Greatness: Initiatives in OGME, Research and Advocacy." These three topics, along with the other selected, are principles outlined in the Bureau's "Core Principles for Teaching the History of Osteopathic Medicine."

The 2009 essay topics that relate to the presidential theme are:

- Core Principle 11: The development of basic scientific osteopathic medical research.
- Core Principle 17: The increasing recognition of the osteopathic medical profession by state and national governmental agencies.
- Core Principle 18: The role of the "financing of healthcare" in changing the practice of osteopathic physicians, including its impact on both the number of osteopathic hospitals and the number of osteopathic graduate medical education programs.

Federal and State Efforts

To bolster graduate medical education in general, the AOA tenaciously advocated for the passage of the "Physician Workforce Enhancement Act of 2008" (H.R. 2583) which passed the

House of Representatives but did not come up for a vote in the Senate before the adjournment of the 110th Congress.

On February 9, Reps. Michael Burgess, MD (R-TX), Gene Green (D-TX), and Jim Matheson (D-UT) introduced H.R. 914, the 111th Congress version of the “Physician Workforce Enhancement Act of 2009.” This legislation, if enacted, would provide interest-free loans to hospitals that previously have not operated graduate medical education programs. The loans are designed to offset the costs of starting such programs in one of eight specialties: family medicine; internal medicine; pediatrics; general surgery; emergency medicine; obstetrics/gynecology; preventive medicine, and mental health. Petitioning hospitals may secure up to \$1 million to assist in their efforts. Hospitals obtaining funds are required to repay the total amount through reduced Medicare payments, cash payments, or a combination of the two. Repayment must be completed within 24 months of the allocation.

At the state level, the AOA focuses its efforts on promoting the Physician Education Advancing Community Health (PEACH) initiative. PEACH provides information on the benefits of all-payer funding (rather than relying almost solely on Medicare), a blueprint for individual states to follow in setting up all-payer systems, and model legislation that can be adapted to the needs of individual states. The AOA works with state osteopathic medical associations to educate legislators about PEACH and the need for increased graduate medical education programs.

This report is informational. No resolutions are proposed.