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AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE

BUILDING THE FUTURE: Educating the 21st Century Physician

**Report of the
Blue Ribbon Commission for the
Advancement of Osteopathic Medical Education**

Co-Chairs:

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The Blue Ribbon Commission on the Advancement of Osteopathic Medical Education

- Joint project of the AOA and AACOM
- Additional funding support provided by the Josiah Macy, Jr. Foundation

The Charge

In 2011, the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine established the ***Blue Ribbon Commission for the Advancement of Osteopathic Medical Education (BRC)***.

The BRC was created in response to calls from legislators, foundations, and other stakeholders for reform in both undergraduate medical education (UME) and graduate medical education (GME). The charge of the BRC was to:

- assess the evolving U.S. health care environment and envision the future health care needs of the American public;
- articulate a vision of a contemporary, 21st Century osteopathic physician who is positioned to meet the needs of the evolving U.S. health care environment;
- identify the competencies that this physician would possess; and to
- envision a new educational *Pathway* to prepare the 21st Century physician.



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Environmental Assessment

- Aging population
- Chronic disease epidemic
- Increasing costs
- Increasing emphasis on quality of health care
- Physician shortages/maldistribution
- Transformation of delivery systems underway: ACA implementation, ACOs, PCMH
- Technological changes: IT, data management, diagnostics
- Calls for reform of medical education system (especially GME)



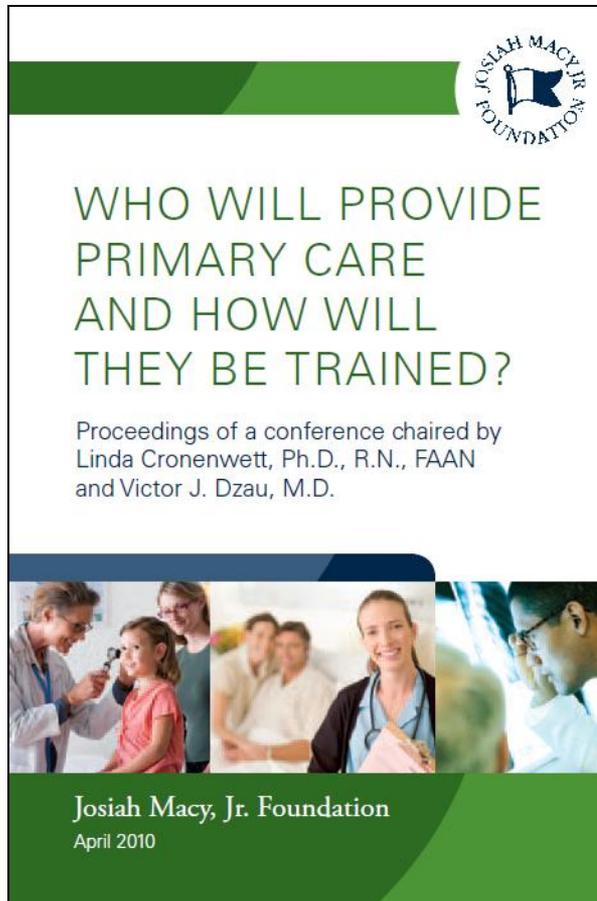
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Calls for Reform

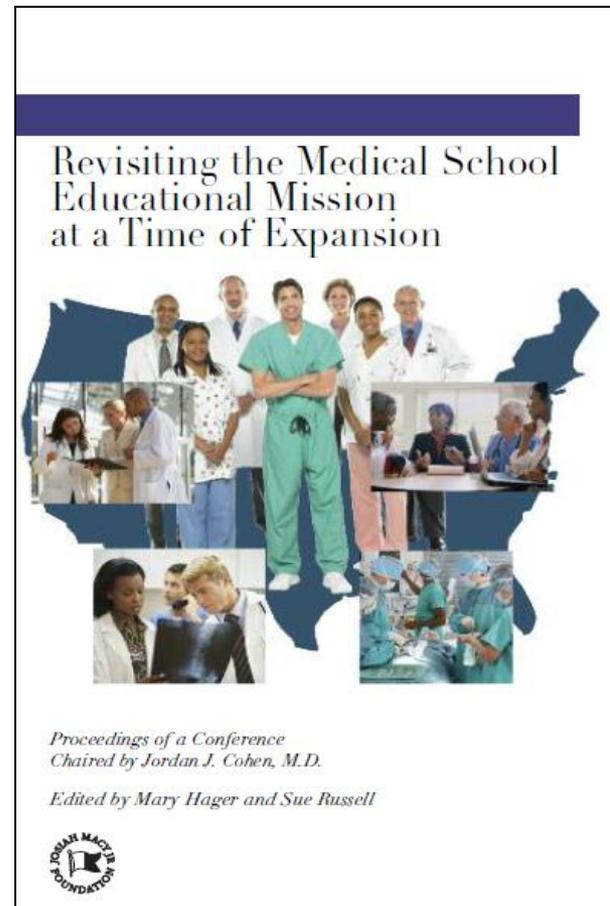




WHO WILL PROVIDE PRIMARY CARE AND HOW WILL THEY BE TRAINED?

Proceedings of a conference chaired by
Linda Cronenwett, Ph.D., R.N., FAAN
and Victor J. Dzau, M.D.

Josiah Macy, Jr. Foundation
April 2010



Revisiting the Medical School Educational Mission at a Time of Expansion

*Proceedings of a Conference
Chaired by Jordan J. Cohen, M.D.*

Edited by Mary Hager and Sue Russell





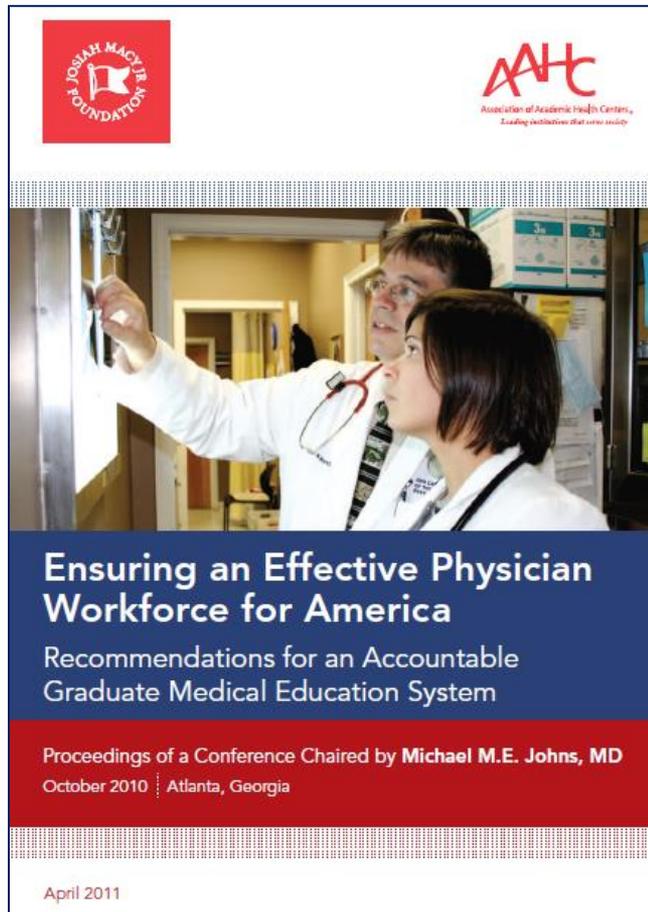
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Calls for Reform



JOSIAH MACY JR. FOUNDATION

AAHC
Association of Academic Health Centers
Leading institutions that serve society

Ensuring an Effective Physician Workforce for America
Recommendations for an Accountable Graduate Medical Education System

Proceedings of a Conference Chaired by **Michael M.E. Johns, MD**
October 2010 | Atlanta, Georgia

April 2011



JOSIAH MACY JR. FOUNDATION

CONFERENCE SUMMARY
May 2011 | Atlanta, Georgia

Ensuring an Effective Physician Workforce for the United States: Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public

The Second of Two Conferences—The Content and Format of GME



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Calls for Reform

Letter from COGME to AACOM and AAMC:

Organizations should jointly convene and pursue

- Streamlining of physician training
- Acceleration of the time frame for physician education
- Improving the quality of medical education
- Development of competency-based evaluation
- Increasing the number of physicians being trained
- Developing new approaches to team-based training

Typical Physician Training Timeline

The Osteopathic Physician (DO) Timeline

Osteopathic Medical Education

4 years



4 years



3–7 years



1–3 years

Undergraduate study
(Bachelors degree)

Osteopathic
Medical Degree

Internship/Residency

Specialty Fellowship

Board Certification/Licensure

11 to 18 years



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Calls for Reform

- Seven US Senators (bi-partisan) sent letter to IOM requesting the Institute to “...conduct an independent review of the **governance and financing** of our system of graduate medical education...and potential GME reforms.”
 - Committee has been meeting for over the past year+
 - Osteopathic profession represented by Barbara Ross-Lee, DO
 - Final report expected in Spring of 2014

The Process

- BRC established in Spring 2011: Membership broadly representative of osteopathic medicine, reflecting the practice community, professional organizations, medical colleges, accreditation, and state licensure boards; included physicians in training
- Review of existing programs, reports and calls for reform
- Four BRC meetings - June 2011, January 2012, June 2012 and January 2013.
- Interviews with 19 key opinion leaders (within and outside the osteopathic medical profession)
- Internal and external review of evolving drafts
- Full report released to the public on Nov. 4, 2013

Disclaimer

As an independent commission, the opinions and recommendations presented in the report reflect the discussions of the members of the Blue Ribbon Commission and do not necessarily express the views of the American Osteopathic Association or the American Association of Colleges of Osteopathic Medicine.

The Recommendation

The creation of a new educational *Pathway* to produce board-eligible, practice-ready Osteopathic Physicians who possess the competencies needed for success in today's high-quality, high-value health care environment, such as Accountable Care Organizations and Patient-Centered Medical Homes, and are ready to serve as leaders of the interprofessional health care team.

The *Pathway* consists of a **competency-based** integrated educational *Pathway*, with a seamless transition between undergraduate and graduate medical education.

Characteristics of The Pathway

- **It will prepare osteopathic physicians for primary care practice** and will incorporate traditional Osteopathic principles and practices;
- **It will consist of a continuous, longitudinal educational experience.** The UME experience will be seamlessly integrated with a GME experience delivered predominately in clinics and ambulatory settings;
- **It will be built upon a competency-based curriculum** centered on the biomedical, behavioral, and clinical sciences foundations of osteopathic primary care medical practice; a highly qualified student may be able to complete the program in as little as five years;
- **It will be co-managed by the Colleges of Osteopathic Medicine** and their residency program partners, such as integrated health care systems, hospitals, and community health centers;
- **It will include a focus on health care delivery science** including principles of high-quality, high-value health care, health care team leadership, business principles, health policy, population health, health information technology, quality assurance, and patient safety.

Competencies for the 21st Century Osteopathic Primary Care Physician

- Initial inventory, drawn from a number of sources:
 - AACOM's Core Competencies for Medical Students
 - NBOME core competency domains
 - AHA
 - ACGME
 - ACOI
 - Royal College canMEDS Physician Competency Framework
 - Interprofessional Education Collaborative
 - Patient Centered Primary Care Collaborative

Knowledge and Capacities for the 21st Century Osteopathic Primary Care Physician: Foundational Knowledge and Associated Capacities

- Osteopathic principles and practices.
- Patient-centered primary care delivered predominantly in community-based and outpatient ambulatory care environments.
- Role and function of high-quality, high-value health care delivery models such as longitudinal and comprehensive primary care-based and integrated delivery models such as patient-centered medical homes and accountable care organizations.
- Health care management, health care financing, and health policy.
- Systems-based practice and the implementation of quality assurance and patient safety principles and processes.
- Leadership capabilities, including leading an interprofessional health care team and managing change.

Knowledge and Capacities for the 21st Century Osteopathic Primary Care Physician: Foundational Knowledge and Associated Capacities

- Data management, analysis and the use of health information technology to facilitate patient care, patient management, and monitoring of care and services.
- Principles of population health, including health and wellness promotion, disease prevention, risk assessment, patient education strategies, and principles of health literacy.
- Principles of aging, health issues of the long-term elderly, and communication with the elderly.
- Design and conduct of clinical and educational research, interpretation and application of biomedical and translational research, participation in practice-based research, evidence-based practice, and appraising the effectiveness of diagnostic tests and therapeutic interventions.
- Cultural competency and sociology of diversity, work with diverse patient and provider populations and environments, and alternative health care practices and beliefs.

Knowledge and Capacities for the 21st Century Osteopathic Primary Care Physician: Personal Attributes and Other Behavioral and Contextual Capacities

- Leadership and team-building skills, working with a variety of different health professionals, and shared decision making.
- Communication skills, empathy, compassion, open-mindedness, personal adaptability, and the ability to share the decision-making process with patients.
- Capacity to employ social and behavioral sciences in medical practice.
- Professionalism and adherence to ethical principles.
- Problem solving and critical thinking.

Knowledge and Capacities for the 21st Century Osteopathic Primary Care Physician: Personal Attributes and Other Behavioral and Contextual Capacities

- Willingness to be integrated into the communities in which they practice.
- Continuity in following up with patients and treating them thoroughly.
- Dedication to quality, performance improvement, and continuous learning.
- Capacity for self-assessment and critical appraisal.
- Capacity to serve as primary care role model, teacher, and mentor

The End Result

Upon completion of the *Pathway*, the graduating physician will be ready for practice as a community-based, comprehensive primary care physician and leader of the interprofessional health care team.

It is understood that some graduates may elect to participate in additional specialty training, and the *Pathway* experience should position them well for continued training.

As one BRC member noted, “As a profession, we would prepare better specialists if all physicians had a stronger foundation in primary care and population health.”

Challenges

- Licensure
- Accreditation
- Governance and Board Certification
- Financial Considerations
- Regulatory Environment
- Public Relations

Recent and Next Steps in the BRC Process

December 2012:

- Shared the draft report with the IOM Committee on Governance and Finance of GME

March 2013:

- BRC report endorsed by AOA Board of Trustees at their mid-year meeting

April/May 2013:

- AACOM Board of Deans expressed support for the study of concepts in the report
- Presentation of the BRC Report to the broader OME Community, e.g., COCA, BOE; identification of COMs interested in piloting this effort.

July 2013

- Presentation to AOA House of Delegates

Recent and Next Steps in the BRC Process

Fall 2013 and beyond:

- Article in *Health Affairs*— published in November 2013 issue
- Formal release of Report on November 4, 2013
- Work with key agencies (governmental and medical) to create an enabling environment for pilot programs
- Conversations with key osteopathic constituencies
- Broader conversation with medical and health professions community, health care providers, policy makers, government officials, and others

Building the Future:

**Educating the 21st Century
Physician**

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