Is Osteopathic Medical Education in Conflict with Health Care Reform, or Vice Versa?

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Is Osteopathic Medical Education in Conflict with Health Care Reform, or Vice Versa?

Overview of Presentation

- Discuss Health Care Reform
  - Why is it needed?
  - What are the goals?
- Discuss Medical Education
  - Should Osteopathic Medical Education be expected to address any or all of the issues
  - Is Osteopathic Medical Education the best way to address any or all of the issues
  - Can Osteopathic Medical Education address any or all of the issues
  - Do the different components of Osteopathic Medical Education have a specific role in addressing any or all of the issues
    - Premed
    - Undergraduate
    - Postgraduate
    - Continuing medical education
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Arnold H. Hassen, Ph.D.

At WVSOM for 27 years
Taught in preclinical curriculum for 15 years
Collaborating with WV government and non-government agencies to respond to local and federal health care reform initiatives
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What is Health Care Reform all about?

Complaints

Problems

Issues

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Health Care is too expensive
Health Care is of low quality
Poor coordination of care
Duplication
Unnecessary Procedures
Unnecessary Prescriptions
Incorrect/Inappropriate Procedures
Incorrect/Inappropriate Prescriptions
Appropriate Care not Provided
Appropriate Care not delivered properly
Low Patient Satisfaction
Lack of Access
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What are the Goals of Health Care Reform?
Institute Of Medicine

Health Care must be
Safe
Effective
Patient Centered
Timely
Efficient
Equitable
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Institute for Health Care Improvement

Triple Aim

Improve the health of the population

Enhance the patient experience of care (including quality, access and reliability)

Reduce, or at least control the per capita cost of care
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Patient Protection and Affordable Care Act

Health Care should be

Safe

Efficient

Affordable
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Patient Centered Medical Home

Personal Physician
Physician Directed Medical Practice
Whole Person Orientation
Care is Coordinated and/or integrated
Quality and Safety
Enhanced Access
Payment

Joint Principles developed by AAFP, AAP, ACP, AOA, 2007
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What lies behind these goals?

The public expectation of physicians,
Societal needs and expectations demanded of physicians,
Knowledge and skills expected of a 21st century physician,
The role that professional values and attitudes play in sustaining medicine as a moral enterprise

Rephrased from “Revisiting the medical school educational mission at a time of expansion”, A Conference Sponsored by the Josiah Macy, Jr. Foundation, Chaired by Jordan J. Cohen, M.D., Charleston, South Carolina, October 2008, Edited by Mary Hager & Sue Russell Published by the Josiah Macy, Jr. Foundation
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Continued

It is suggested that current medical education values
  individualism
  autonomy
  expert-centric activity
  hierarchy

It is suggested that medical education should value
  collaboration
  mutual accountability
  patient and community centric perspective
  outcomes

Rephrased from “Revisiting the medical school educational mission at a time of expansion”, A Conference Sponsored by the Josiah Macy, Jr. Foundation, Chaired by Jordan J. Cohen, M.D., Charleston, South Carolina, October 2008, Edited by Mary Hager & Sue Russell
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Few medical schools teach or expect proficiency in basics of leadership, teamwork, operations management or organizational behavior.

Practicing physicians will have one or more distinct roles to play in addition to the primary clinical role of designer or systems architect. Managerial skills fostering organizational learning are also crucial.

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Harvard Medical School says we should teach:
- Longitudinal patient relationships
- Chronic care
- Continuity of care
- Team and systems approach to individuals and communities
- Rapid learning environments
- Cost/benefit sensitivity
- Sensitivity to patient perspective
- Understanding the economics of health care
- Primary care leadership training
- Integration of primary care research into the curriculum

From the “Report of the Primary Care Advisory Group: Strengthening Primary Care, Education, Research and Clinical Innovation at Harvard Medical School.”
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The patient centered medical home; a vital step in creating a better-performing health system

Requires: an internal capability for organizations learning and development

Changes in the way primary care clinicians think about themselves and their relationships with patients as well as other clinicians on the care team

Awareness on the part of primary care clinicians that they will need to make long-term commitments to change that may require three to five years of external assistance.

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Also requires

Synchronizing practice redesign with development of the health care neighborhood made up of a broad range of health and health care resources available to patients

Payment reform that support practice development

Policy environment that sets reasonable expectations and time frames.

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Are Osteopathic Medical Schools addressing these issues?

Should Osteopathic Medical Schools address these issues?

Should Osteopathic Medical Schools be engaged with the other components of Osteopathic Medical Education: Postdoctoral and Continuing Medical Education?
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Do we have the faculty, clinical and preclinical who can address these issues?
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Is Society changing what it means to be a “Physician?”
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James W. Nemitz, Ph.D.

At WVSOM for 25 years
Anatomy faculty member for 18 years
Associate Dean for Preclinical Education 6 years
Currently overseeing new curriculum initiative
AACOM Core Competency Liaison Group
NBOME Blue Ribbon Panel
Working at local and state level on health care reform opportunities
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Raise awareness: Where are we as a profession on this issue?
Responsibility as a stakeholder
Need to be part of the solution
Can’t fix everything
Can and should create change
This is an opportunity
Comment on the literature
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Focus on the Patient

Osteopathic philosophy

Osteopathic approach to the patient

The patient is a person, not a collection of symptoms and diseases

The patient comes first

Holistic approach to the patient

Wellness and prevention

OMT
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Curricular Reform

Need for reform

Curricular models

Patient Presentation Curricula

Application Curricula

Competency Based Curricula
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Osteopathic Medical Competencies

Need to embrace competency approach
Defining the specifics
Determining developmental sequence
Incorporating activities to develop all the competencies in our students
Evaluating and assessing competencies
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Strengths and Weaknesses

Medical Knowledge: Essential information

Communication: Standardized patients/OSCEs

Patient Care: Early clinical exposure/continuity

OPP: Third and fourth year

Professionalism: Most important competency?

Modeling behavior/setting the standard
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Practice Based Learning and Improvement

Accessing and evaluating information
Information management
Evidence based approaches
Best practices
Electronic medical record
Using EMR to improve patient outcomes
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System Based Practice
Team dynamics, roles, leadership
Organizational management
Interdisciplinary teams
Working with communities/populations
Health Care Policy
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Continued development of curricular delivery and student evaluation/assessment
- PBL and TBL
- Standardized patients/robotic simulation
- Capstone experiences
  - OSCE
  - OMM Clinic
- Portfolios
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Goals of Health Care Reform

- Patient Centered: Osteopathic philosophy
- Safe and Effective: Core competencies
- Efficient: Practice and System competencies
- Affordable: Practice/System competencies
- Equitable: Professionalism/System based

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Goals of Health Care Reform

Improve health ➔ Practice/system based competencies, research, community outreach

Enhance patient experience: ➔ Communication, patient care, OMT, professionalism

Control cost of care: ➔ Practice-based learning and improvement, medical economics, EMR
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Patient Centered Medical Home

Personal physician → Osteopathic patient care
Physician directed medical practice → Leadership
Whole person orientation → Osteopathic philosophy
Care is coordinated/integrated → Interdisciplinary teams, communication
Quality and safety → Core competencies
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Proficiency in leadership, teamwork, operations management, multiple roles ➔ System based practice, interdisciplinary team education, TBL, PBL, role play, simulation, role models

Longitudinal patient relationships ➔ Simulation, EMR, clerkships

Sensitivity to patient perspective ➔ Standardized patient feedback, OSCEs, patient surveys

Cost/benefit sensitivity ➔ Medical economics, EMR
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Societal needs and expectations demanded of physicians, Knowledge and skills expected of a 21st century physician, The role that professional values and attitudes play in sustaining medicine as a moral enterprise.

Competent compassionate care = Osteopathic patient care Communication = Patient, Health Care Team Trust = Professionalism Quality control
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Are Osteopathic Medical Schools addressing these issues?  
Yes

Should Osteopathic Medical Schools address these issues?  
Yes
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Should Osteopathic Medical Schools be engaged with the other components of Osteopathic Medical Education: Postdoctoral and Continuing Medical Education?

Yes

Input from physicians to improve patient outcomes by influencing medical education.

COM OSCE expertise

Simulation centers for GME and CME
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Do we have the faculty, clinical and preclinical who can address these issues?

Yes

Faculty development
Leadership programs
  Health Policy Fellowship
  Costin Institute
  UNE’s Medical Education Leadership Masters
  Residency Directors Residency Admin Program
Medical Educator Academies: AACOM and IAMSE
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Is Society changing what it means to be a “Physician?”

Or

Is one of the solutions to health care reform more DO’s? Is this part of the profession’s distinctiveness?