Dual Tracked Programs: Friend or Foe

Richard R. Terry, DO, MBA, FACOFP
Director, Osteopathic Medical Education
Director, Wilson Family Medicine Residency
Dual tracked programs by specialty:

- Family med
- Internal med
- Pediatrics
- Emergency
- Psych
- Ob/gyn
- Med/Peds

Workshop for Directors of Family Medicine Residencies
Analysis of ACGME/AOA accredited Family Medicine program: (Accepted for Publication STFM 2011) Data Collection:

• We electronically surveyed all 98 DO program directors from dual accredited programs with a 7 question Monkey survey (72 programs met survey criteria of having graduated at least one dual class)
• 56 completed the survey (response rate = 77%)
• We compared our results with hard data from both the ABOFP and ABFM
• We did a “rough” cost analysis approximating the cost of dual accreditation (OPTI fees and other costs)
• We obtained information from the ABOFP and the ABFM
Critical Questions?

- What is the driving force(s) behind this trend?
- What are the cost factors involved in dual accreditation?
- What are the tangible benefits of dual accreditation for allopathic programs?
- What is really happening with certification?
- Is dual accreditation a sustainable method of increasing osteopathic family medicine residency positions?
The Growth of Dual Programs 1999-2010

Richard Terry:
And growing by 5 -10 programs per year
Dual programs: Solution or the problem?
DO Match 2010 FP results

MD match just 42% spots filled by US MDS
Projected Numbers 2010-2011

Number of COM Graduates 1998-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>COM Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>2096</td>
</tr>
<tr>
<td>1999</td>
<td>2169</td>
</tr>
<tr>
<td>2000</td>
<td>2279</td>
</tr>
<tr>
<td>2001</td>
<td>2510</td>
</tr>
<tr>
<td>2002</td>
<td>2536</td>
</tr>
<tr>
<td>2003</td>
<td>2607</td>
</tr>
<tr>
<td>2004</td>
<td>2713</td>
</tr>
<tr>
<td>2005</td>
<td>2756</td>
</tr>
<tr>
<td>2006</td>
<td>2707</td>
</tr>
<tr>
<td>2007</td>
<td>3000</td>
</tr>
<tr>
<td>2008</td>
<td>3462</td>
</tr>
<tr>
<td>2009</td>
<td>3724</td>
</tr>
<tr>
<td>2010</td>
<td>3921</td>
</tr>
<tr>
<td>2011</td>
<td>4528</td>
</tr>
</tbody>
</table>
They just keep Multiplying
Why the Explosion?

- More schools - now up to 31
- More graduates
- Larger class size and ever expanding
- DO graduates want FM... More than 2x as many DO grads (18.7%) want FM than MD grads... (7.8% of US MDs choose FM 2010)
Trends in Osteopathic Matching 1988-2009

*Data drawn from AOA Office of Education and the AACOM Annual Report

<table>
<thead>
<tr>
<th>Year</th>
<th>Funded Slots</th>
<th>Number Matched</th>
<th>No. of Non-Participants</th>
<th>Unfilled Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>1515</td>
<td>1369</td>
<td>146</td>
<td>502</td>
</tr>
<tr>
<td>1990</td>
<td>1701</td>
<td>1257</td>
<td>661</td>
<td>654</td>
</tr>
<tr>
<td>1992</td>
<td>1799</td>
<td>1145</td>
<td>663</td>
<td>291</td>
</tr>
<tr>
<td>1994</td>
<td>1676</td>
<td>1385</td>
<td>994</td>
<td>525</td>
</tr>
<tr>
<td>1996</td>
<td>1877</td>
<td>1255</td>
<td>1212</td>
<td>500</td>
</tr>
<tr>
<td>1998</td>
<td>1878</td>
<td>1353</td>
<td>1363</td>
<td>698</td>
</tr>
<tr>
<td>2000</td>
<td>1814</td>
<td>1314</td>
<td>1356</td>
<td>942</td>
</tr>
<tr>
<td>2002</td>
<td>1989</td>
<td>1291</td>
<td>1748</td>
<td>1010</td>
</tr>
<tr>
<td>2004</td>
<td>2147</td>
<td>1205</td>
<td>1196</td>
<td>959</td>
</tr>
<tr>
<td>2006</td>
<td>2206</td>
<td>1353</td>
<td>1374</td>
<td>1002</td>
</tr>
<tr>
<td>2008</td>
<td>2312</td>
<td>1433</td>
<td>1492</td>
<td>970</td>
</tr>
<tr>
<td>2009</td>
<td>2435</td>
<td>1473</td>
<td>1748</td>
<td>920</td>
</tr>
<tr>
<td>2010</td>
<td>2443</td>
<td>1992</td>
<td>NRMP FM 2010</td>
<td>320 spots open!</td>
</tr>
</tbody>
</table>

Fm = AOA 320 spots open!
### Number of DOs in ACGME Residency Programs 1985-2006

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>318</td>
<td>288</td>
<td>73</td>
<td>79</td>
<td>48</td>
<td>77</td>
<td>94</td>
<td>44</td>
<td>28</td>
<td>37</td>
</tr>
<tr>
<td>1990</td>
<td>727</td>
<td>665</td>
<td>170</td>
<td>231</td>
<td>116</td>
<td>156</td>
<td>202</td>
<td>78</td>
<td>52</td>
<td>68</td>
</tr>
<tr>
<td>1995</td>
<td>786</td>
<td>697</td>
<td>222</td>
<td>244</td>
<td>149</td>
<td>145</td>
<td>191</td>
<td>120</td>
<td>50</td>
<td>71</td>
</tr>
<tr>
<td>2000</td>
<td>1057</td>
<td>910</td>
<td>334</td>
<td>167</td>
<td>254</td>
<td>210</td>
<td>197</td>
<td>134</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>2005</td>
<td>1341</td>
<td>1173</td>
<td>565</td>
<td>512</td>
<td>364</td>
<td>358</td>
<td>318</td>
<td>252</td>
<td>124</td>
<td>91</td>
</tr>
<tr>
<td>2006</td>
<td>1336</td>
<td>1193</td>
<td>548</td>
<td>496</td>
<td>394</td>
<td>354</td>
<td>336</td>
<td>274</td>
<td>123</td>
<td>92</td>
</tr>
<tr>
<td>% Change 1985-2006</td>
<td>320%</td>
<td>314%</td>
<td>651%</td>
<td>528%</td>
<td>721%</td>
<td>360%</td>
<td>257%</td>
<td>523%</td>
<td>339%</td>
<td>149%</td>
</tr>
<tr>
<td>USMDs Comparison</td>
<td>-36%</td>
<td>-27%</td>
<td>-2%</td>
<td>-9%</td>
<td>-6%</td>
<td>-17%</td>
<td>-8%</td>
<td>-5%</td>
<td>-6%</td>
<td>-15%</td>
</tr>
</tbody>
</table>
Number of DOs in Family Medicine

AOA and ACGME Programs: 1987 to 2007

AOA 243,318, 315, 408, 379, 430, 529, 637, 805, 907, 1109, 1043, 882, 771, 702, 580, 557, 507, 629, 652
ACGME 551, 584, 671, 727, 692, 661, 686, 720, 786, 852, 913, 968, 982, 1057, 1096, 1236, 1291, 1170, 1341, 1336, 1305

AOA: Blue
ACGME: Red
Need for AOA-Approved Postdoctoral Positions

Richard Terry: AOA Needs spots already at a deficit.
2020

- 25% of all US medical school graduates will be DOs
PGY 1 spots 2008 vs 2020
But where is the incentive for allopathic programs to become dual accredited?

TOP 3 reasons:

• US GRADS
• US GRADS
• US GRADS
  – Improved reputation of program???????
What are benefits of maintaining dual accreditation in your program?

- 64.3% (36) - more US graduates
- 25.0% (14) - improved reputation of the program
- 7.1% (4) - not sure
- 3.6% (2) - none
Choice of Certification Board: Percent of Graduates Taking Both ABFM & ABOFP Certification Exams

Richard Terry: Bottom line – One-half of grads not taking both exams
ABFM certification…. Why not??????

• Cost - of both AOA and ABFM exams and on going costs of maintaining certification.
• Lack of perceived value of ABFM
• ABFM exam not required by program and given after graduation
• (MY RECENT 3 DOS NOT TAKING ABFM EXAM - Employer does not care!!)
Certification performance Reality!!
Approximately, starting from the time your program obtained dual accreditation, what is the failure rate of your DO graduates on their first attempt on the ABOFP certification exam?
Richard Terry: DOs have a higher failure rate on ABFM exam compared to the ABOFP exam.
CERTIFICATION PERFORMANCE ABOFP VS ABFM?

Conclusions:

DOs dual 98% pass ABOFP
DOs dual 84.6% pass ABFM
MDs dual 83.8% pass ABFM
Why the apparent performance variance?

- FP exam is given in March - results in May. Perhaps there is less incentive to prepare for ABFM exam? (Terry’s theory) (this is changing)

- ABOFP exam easier for DOs because of Osteopathic component (Terry’s hope)

ABOFP exam easier exam then the ABFM exam (Terry’s fear)
What about the costs of dual accreditation?
Approximately, what are the additional costs for your program to maintain Dual accreditation?

- $5000-$10,000: 17.9% (10)
- $10,000-$15,000: 37.5% (21)
- $15,000-$20,000: 23.2% (13)
- >$20,000: 21.4% (12)
What are the additional cost factors?

- AOA- fees
- OPTI fees
- In service exam fees
- Additional faculty costs?
- Administrative support?

$10,000-$50,000 or more?
So where is the WIN in Dual accreditation?

- Increase US graduate applicant pool
- Increase US graduate applicant pool
- Increase US graduate applicant pool
- Integration of OMM in the residency program: benefits patients and MD residents
- Possible to enhance revenue from OMM outpatient and in-patient service
- Improved reputation of program?
What is the downside of dual accreditation?

- Additional costs: DO faculty, OPTI fees, AOA fees, Certification fees, Membership fees, etc, etc...
- Two matches - makes no sense and forces our hand as PDs (Should rank best applicants DO/MD on same list -- side by side)
- The certification issues.. DO grads not choosing to take the ABFM exam or not performing as well??
- Increased interest from US MDs in Family medicine?
- The ever increasing numbers of DO graduates? Quality issues???
So should your program remain dual accredited?

• **YES** if:
  – You can attract more quality graduates to your program
  – It makes geographic sense (new school opening up in your state or region)
  – Your program not attractive to High quality MDS
  – You already have qualified DO faculty
  – Your institution is willing to pay to play
Should your program remain dual accredited?

• NO if:
  – You have remained competitive and attract quality applicants including top notch DOs
  – You do not have qualified DO faculty
  – You do not have funds to acquire qualified DO faculty
  – Your program has no money available to spend on additional fees.
Is dual accreditation a sustainable method of increasing osteopathic family medicine residency positions? (My theory……)

• Doubtful IF:
  – More US MDs want family medicine (less spots)
  – Cost factors outweigh benefits (escalating OPTI fees)
  – Continued trend of DOs not seeking ABFM certification - What is the point of being a dual program? Why would the allopathic programs want to pursue it……?????
What could work?

• Parallel programs - DOs and MDs train side by side, same faculty, similar curriculum but spots not dual accredited: DO spots just AOA accredited.

• WHY:
  – Saves some money, avoids the certification duplicity and may enable program expansion to rural sites

• How:
  – Designate a defined number of your approved spots purely osteopathic (say if you have 8 make 3- JUST AOA accredited)

• OR Growth of new programs in virgin GME hospitals or new models of residency training (community health centers), ambulatory centers.
Why are parallel programs a better expansion option in allopathic institutions for now..

- Spots protected from MD influx
- More curricular freedom
- Greater growth potential
- One master.....
- Cheaper-- do not need a FPC to train DO residents!!!
What in practical terms does a parallel program look like

• Can use shared faculty and FMC or alternate site(s)
• DO residents just adhere to ACOFP basic standards
• DO residents only sit for osteopathic in-training exam and ABOFP certification exam
Are either dual or parallel a sustainable expansion path for osteopathic family medicine?

- Most likely not!
  - Limited capacity of GME spots
  - Allopathic push back
  - Overwhelming number of DO graduates
  - OPTI fees may become a disincentive
IMGS- no more...doubtful.....
NEED MORE OSTEOPATHIC Family Medicine spots

- Develop alternative training models (ie: VA sites, CHCs, rural hospitals, physician offices, online curriculums)
- Push the parallel track model in existing allopathic programs over the dual model
- Use political clout to selectively increase cap for primary care. Need 1000 more spots in osteopathic FM. At least
FAMILY MEDICINE: 2020......The future is now....

REF: Reality of AOA Accreditation of ACGME Family Medicine Residencies, Terry,RR and Hill,F (Accepted for publication)

Richard_Terry@UHS.ORG