BUILDING THE FUTURE:
Educating the 21st Century Physician

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

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The Blue Ribbon Commission on the Advancement of Osteopathic Medical Education

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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.
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)
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
Calls for Reform

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

CONFERECE 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
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
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.”
  – This committee has been formed and meetings are underway
  – Osteopathic profession represented by Barbara Ross-Lee, DO
The Process

• BRC established in Spring 2011: Membership is broadly representative of osteopathic medicine, reflecting the practice community, professional organizations, medical colleges, accreditation, and state licensure boards; includes physicians in training

• Interviews with 19 key opinion leaders

• Review of existing programs, reports and calls for reform

• Four BRC meetings - June 2011, January 2012, June 2012 and January 2013.

• Monthly steering committee meetings

• Ongoing drafting and revision of the report
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* which could be completed in as little as five years, comprised of three years of osteopathic medical school and two years of graduate medical education, with a seamless transition between the two.
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 three years and will be seamlessly followed by a two year 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;

• **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.
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 earlier this month

April 2013:
• Presentation of the BRC Report to the AACOM Board of Deans and the broader OME Community; identification of COMs interested in piloting this effort.
• Work with key agencies (governmental and medical) to create an enabling environment for the pilot tests.
Recent and Next Steps in the BRC Process

May 2013 and beyond:

• Work with key agencies (governmental and medical) to create an enabling environment for the pilot tests.
• AOA House of Delegates and information sharing and conversations with key osteopathic constituencies
• Formal release of BRC report and related public relations activities
• Broader conversation with medical and health professions community, health care providers, policy makers, government officials, and others
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