

30 Million New Patients and 11 Months to Go: Who Will Provide Their Primary Care?

American Association Colleges of Osteopathic Medicine

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Statement submitted for the record to the
Committee on Health, Education, Labor, and Pensions
Subcommittee on Primary Health and Aging
United States Senate

The American Association of Colleges of Osteopathic Medicine (AACOM) is pleased to submit this statement for the record to the U.S. Senate Health, Education, Labor, and Pensions (HELP) Subcommittee on Primary Health and Aging for the January 29, 2013 hearing, “30 Million New Patients and 11 Months to Go: Who Will Provide Their Primary Care?” AACOM commends Subcommittee Chair Bernard Sanders for convening this hearing on this extremely important issue.

AACOM represents the nation’s 29 colleges of osteopathic medicine at 37 locations in 28 states. Today, more than 21,000 students are enrolled in osteopathic medical schools. One in five U.S. medical students is training to become an osteopathic physician. AACOM was founded in 1898 to support and assist the nation's osteopathic medical schools, and to serve as a unifying voice for osteopathic medical education.

Osteopathic Medical Education and Primary Care

Osteopathic medical education (OME) has a long history of establishing educational programs for medical students and residents that target the health care needs of rural and underserved populations. Colleges of osteopathic medicine (COMs) have a standing commitment and focus on training primary care physicians, and osteopathic physicians have a special commitment to providing primary care, particularly to the nation's rural and underserved communities. All osteopathic medical schools provide training in community-based settings, where students spend time in community hospitals, physician offices, and health care facilities such as Area Health Education Centers (AHECs) and Community Health Centers (CHCs) in which they are integrated into those communities. The majority of osteopathic medical schools are located outside of urban areas and have particular missions related to the underserved areas in which they are located.

OME plays an extremely strong role in training future primary care physicians – many of whom will serve in workforce shortage areas. In each of the last three cohorts of osteopathic medical school graduates (2010 – 2012), 32 percent of graduates indicated the intention to specialize in the primary care specialties of family practice, general internal medicine, and general pediatrics. For each year, an additional 11 to 12 percent planned to specialize in emergency medicine, and five percent in obstetrics and gynecology. From these same three classes, one-third of graduates

indicated plans to practice in areas that are designated health care underserved/physician shortage areas.

AACOM strongly believes that primary care should be an essential part of any foundation of a modern health care system. Any proposal that would displace physicians from this role would disrupt the health care delivery system and create obstacles to the development of the integrated, team-based system needed to maximize value, access, and quality. A medical education system that produces the kind of primary care physicians that are needed to work in a value-driven health care system should be a strong goal of medical education.

Physician Workforce

There are nearly 70,000 active osteopathic physicians (DOs) practicing in the United States today, including those currently in graduate medical education (GME) (or internships, residencies, and fellowships). Of osteopathic physicians who have completed GME, 56 percent are practicing in the primary care specialties of family and general practice, pediatrics and adolescent medicine, and general internal medicine (<http://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Documents/2012-OMP-report.pdf>).

Currently, more than 20 percent of new U.S. medical students are training to be osteopathic physicians. By 2019, that number is expected to grow to 25 percent. Many current osteopathic medical students will pursue careers in primary care and many will practice in rural and underserved areas; these are areas that already face shortages of primary care providers.

AACOM believes that GME funding should be more closely associated with specific workforce needs. With rising projections of physician shortages to meet the health care needs of a growing and aging population, AACOM supports the sustainable expansion of GME positions in areas of specialty need (e.g., primary care, geriatrics, general surgery) in which there are substantial current demand and anticipated growing shortages – especially in rural and underserved areas. AACOM believes that GME funding is critical to ensuring the stability and continuity of both the nation’s medical residency training programs that produce future physicians and the hospitals that provide care to the nation’s citizens.

Graduate Medical Education Supports Physician Workforce Shortages

The current number of GME positions funded by the Centers for Medicare & Medicaid Services (CMS) will not be sufficient to accommodate the number of medical school graduates seeking positions or the number of positions needed to offset projected physician workforce shortages; there is growing evidence of the need for community-based medical education to produce an outcome that will address the need for a primary care-based health care system that provides access and value to populations in rural and underserved areas, as well as to those areas traditionally well-served. Since osteopathic medical students who train in community-based institutions are more likely to practice in these areas, AACOM continues to support GME programs that expand the participation of community-based institutions. This is particularly important at a time when the number of osteopathic medical school graduates is growing and is expected to continue to grow in response to physician workforce shortages that exist and are projected over the next five to 15 years.

AACOM understands the necessity of evaluating the process of and funding mechanism for future physician training, but we also firmly believe Congress must take into consideration the full spectrum of medical education in order to thoroughly understand the complexities of GME as appropriate avenues of reform are explored.

The Role of Innovation in Training Future Physicians

AACOM believes that there are many potential innovative solutions that could address the challenges in the current GME system and recognizes that training needs to support developments leading to a patient-centered, team-based and value-driven system. It is important to note the strong connection between osteopathic medical colleges' training of students, which is patient-centered and geared toward primary care in community-based and non-hospital settings, and osteopathic GME programs, which are tied together through the oversight of an Osteopathic Postdoctoral Training Institution (OPTI). OPTIs are built upon partnerships between one or more teaching hospitals, a medical school, and other medical training facilities. Additionally, osteopathic medical schools are actively pursuing innovative approaches to education with many students participating in interprofessional education for team-based care, as well as utilizing problem- and case-based curricular models.

AACOM supports the evaluation of Medicare GME funding as it relates to need and supports expanded flexibility of current funding to create an environment in which innovation can occur. Innovation, partnership, and targeting of resources should help address need. The current OME model links the osteopathic medical schools training to the community where their student's learn. For instance, the number and distribution of GME positions should be tied directly to the number and type of positions needed, with an eye to geographic, demographic, and specialty need; the development of more programs should be developed at hospitals that do not fall under the GME cap; osteopathic medical colleges should be enabled to work with their OPTIs on creative development of more GME programs, in association with a variety of institutions and funding mechanisms.

In addition, programs such as the Health Resources and Services Administration's (HRSA) Teaching Health Center GME Program, which provides funds to establish or enlarge primary care residency training programs in community health centers, should continue to expand with stable funding sources beyond those originally provided in the Patient Protection and Affordable Care Act (P.L. 111-148). The HRSA Teaching Health Center GME Program, currently in its third year, has provided a model of innovation that produces primary care physicians in the communities in which they are most needed. While approximately 10 percent of all U.S. GME programs are osteopathic programs, 21 of the 32 Teaching Health Center residencies are osteopathic consortia programs accredited by the American Osteopathic Association (AOA), and three of those programs are dually accredited by both the AOA and the Accreditation Council for Graduate Medical Education (ACGME). Sustainability for programs such as these is critical in addressing physician workforce needs and has the potential to increase the number of primary care physicians that serve the communities most in need.

Thank you again for the opportunity to submit this statement for the record. AACOM looks forward to working with the Subcommittee on supporting quality patient care and a robust physician workforce that will meet the demands of our nation's complex and evolving health care system.