

October 27, 2017

John R. Graham  
Acting Assistant Secretary  
Office of the Assistant Secretary for Planning and Evaluation  
Attn: Strategic Plan Comments  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 415F  
Washington, DC 20201

VIA ELECTRONIC MAIL – [HHSPan@hhs.gov](mailto:HHSPan@hhs.gov)

RE: *U.S. Department of Health and Human Services Draft Strategic Plan FY 2018 - 2022*

Dear Acting Assistant Secretary Graham:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for the opportunity to provide feedback on the U.S. Department of Health and Human Services (HHS) Draft Strategic Plan for fiscal years (FYs) 2018 – 2022. Additionally, I appreciate the opportunity to reiterate AACOM's strong support for the continued efforts of HHS as it works to improve access to and delivery of health care services by ensuring a well-trained physician workforce. I would also like to convey AACOM's thoughts on the important role osteopathic medical education (OME) plays in the training of future osteopathic physicians (DOs) as HHS continues to seek innovative workforce solutions to meet the needs of the nation's patient populations.

AACOM represents the 34 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 49 teaching locations in 32 states. In the 2016-2017 academic year, osteopathic medical colleges are educating more than 28,500 future physicians—more than 20 percent of all U.S. medical students. Six of the colleges are public and 28 are private institutions.

AACOM supports a strategic plan that works collaboratively with germane stakeholders, including external associations and organizations, to transform the U.S. health care system to be more patient-centered, team-based, and prevention-focused. Federal policies must also support the educational pathway of the future health care workforce in order to meet the nation's diverse patient health care needs.

**AACOM offers comments on the following strategic goals and objectives:**

**Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Health Care System**

*Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition*

AACOM believes interprofessional education (IPE) for collaborative practice is an important aspect of medical education and should be considered by HHS in developing its strategic plan. Interprofessional team-based care is a major consideration in the future of quality patient care. This statement is in alignment with the considerations from the [Interprofessional Education Collaborative \(IPEC\)](#), the American Osteopathic Association Commission on Osteopathic College Accreditation standards, Accreditation Council for Graduate Medical Education Entrustable Professional Activities, an Institute of Medicine report, *Measuring the Impact of IPE on Collaborating Practice and Patient Outcomes*, and Joint Accreditation for Interprofessional Continuing Education.

AACOM participates in a number of initiatives to improve the selection and education of our students and residents for interprofessional team-based practice, and has been a significant participant in advocating for and implementing changes in curriculum and accreditation requirements for osteopathic medical colleges. Not only have we conducted meetings and supported research on this topic for our schools and graduate medical education (GME) partners, but AACOM is also an inaugural partner of the IPEC, which was formed to promote and encourage constituent efforts to advance interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.

IPEC was founded by the Association of American Medical Colleges, American Dental Education Association, American Association of Colleges of Pharmacy, American Association of Colleges of Nursing, the Association of Schools of Public Health, and AACOM. These six associations created core competencies for interprofessional collaborative practice to guide curricula development at all health professions schools and influence interprofessional practice in their health professions graduates. In 2016-2017, IPEC approved 14 additional members through a new institutional membership category, expanding its representation of associations of schools of the health professions to 20.

In addition, AACOM supports initiatives that facilitate communication among patients and health professionals to help ensure culturally competent care. This includes support for efforts to expand outreach to culturally diverse populations, including enhancing research efforts and improving health care options in communities where incidents of certain health care conditions are more prevalent than in the community as a whole. When appropriate, HHS should consider incorporating patient focus groups to obtain their perspective on the best way to facilitate communication. Furthermore, we support the evaluation and analysis of medical information, which would permit the targeting of populations who are at greatest risk.

*Objective 1.4: Strengthen and expand the health care workforce to meet America's diverse needs*

#### Osteopathic Medical Education and the Future Physician Workforce

AACOM, as a voice for OME, strongly emphasizes primary care as the foundation of a strong modern health care system. Therefore, we staunchly encourage HHS to consider primary care as an essential element to the country's health care delivery in the development of its strategic plan. A medical education system that produces the kind of physicians needed to work in a value-driven health care system should be a goal of the medical education continuum and should result in an emphasis on primary care. AACOM believes a health care system should be built upon a strong

primary care delivery system that provides longitudinal, comprehensive primary care in integrated delivery models.

OME plays a key role in training the future physician workforce. Currently, more than 28,500 students are [enrolled](#) at osteopathic medical schools. Many current osteopathic medical students will pursue careers in primary care, and many of these students will practice in rural and urban medically underserved areas; these are areas that already face shortages of primary care providers. In fact, according to AACOM's most recent data, [33 percent of graduates](#) indicated their intent to specialize in the primary care specialties of family practice, general internal medicine, or general pediatrics. AACOM also believes that increasing diversity in the physician workforce is important to meet health care needs. This can be addressed in the recruitment and retention of a diverse student body and by providing training in diverse settings and populations, such as in rural areas, and to diverse populations, such as veterans and underserved populations.

Based on research, which [indicates](#) that medical students who train in community-based institutions are more likely to practice in these areas, AACOM continues to support federal 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 current and projected physician workforce shortages. 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)—many of which are located in rural areas—have a standing commitment to and focus on training primary care physicians, which mirrors the special commitment osteopathic physicians have in providing primary care, particularly to the nation's rural and underserved populations. Also, accreditation requirements for osteopathic medical schools require each school to provide medical care to the community where its students train, and the current OME model links the osteopathic medical schools' training to the communities where they teach students.

It is important to note the strong connection among 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 \(OPTI\)](#) — a consortium of partnerships among one or more teaching hospitals, an osteopathic medical school, and other medical training facilities. These OPTIs link health care providers across a community with the intention to train physicians in patient-centered care.

#### Support for Title VII Programs and Loan Repayment Programs to Incentivize Practice in Medically Underserved Communities

AACOM strongly supports HHS' continued prioritization of the Title VII health professions education programs, as authorized under the *Public Health Service Act* (42 U.S.C Chapter 6A) and administered through the Health Resources and Services Administration (HRSA). These programs are critical to support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce, acting as an essential part of the health care safety net and filling the gaps in the supply of health professionals not met by traditional market forces. Title VII programs are the only federal programs designed to train primary care professionals in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce. Specifically, AACOM strongly

supports the Primary Care Training and Enhancement Grant Program, the Rural Physician Training Grants, the Centers of Excellence, the Health Careers Opportunity Program, the Scholarships for Disadvantaged Students Program, the Geriatric Education Centers, and the Area Health Education Centers.

In addition, the HHS strategic plan should include the important role of the National Health Service Corps (NHSC) programs, including the Loan Repayment Program, Scholarship Program, State Loan Repayment Program, and Students to Service Program, which are designed to recruit and retain health care providers to meet the workforce needs of medically vulnerable communities across the country. In FY16, the NHSC had nearly 10,500 primary care clinicians providing health care services. The NHSC projects that a field strength of approximately 8,600 primary care clinicians will be in health professional shortage areas in FY18. In addition, more than 1,200 students, residents, and health providers receive scholarships or participate in the Student to Service Loan Repayment Program to prepare to practice.

#### The Teaching Health Center GME Program

Support for GME is critical to ensure the stability and continuity of the nation's physician training programs that produce future providers who deliver high-quality health care to their patients. Nearly 90 percent of medical care is rendered in ambulatory settings; therefore, GME should support training physicians to deliver care in non-hospital settings. Furthermore, flexibility for innovation and the long-term financing necessary to enable adequate evaluation of program outcomes is essential.

AACOM believes there are innovative solutions to address the challenges in the current GME system. The Teaching Health Center GME (THCGME) Program, administered by HRSA, provides abiding benefits and is critical to ensure the stability and continuity of the nation's medical residency training programs. It provides funding for primary care medical and dental resident training in community-based settings, and sets a strong precedent to fund GME outside of the traditional Centers for Medicare & Medicaid Services funding stream to create new avenues for training medical residents in community-based, non-hospital settings. Moreover, the majority of currently funded medical residency programs through the THCGME Program are osteopathic or dually-accredited (DO/MD).

The value of this innovative program is demonstrated by its considerable growth since its inception in 2011— growth that resulted primarily out of necessity. In FY11, the THCGME Program commenced with few more than 10 residency programs to train just over 60 residents in the nation's underserved rural and urban communities. Currently, the program is training 722 medical residents at 57 teaching health centers (THCs) across the country. According to HRSA, physicians who train in THCs are three times more likely to work in such centers and more than twice as likely to work in underserved areas. In 2015, 66 percent of the residents who completed the THCGME Program continued to practice in the states where they were residents. The continuation of this program is critical to addressing primary care physician workforce shortages and delivering health care services to underserved communities most in need.

AACOM continues to advocate for the continuation and permanency of this critical program and has strongly urged Congress to reauthorize the THCGME Program in FY18.

## **Strategic Goal 2: Protect the Health of Americas Where They Live, Learn, Work, and Play**

*Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support*

Osteopathic medical schools and the OME community are uniquely positioned to play a prominent role in efforts to tackle the opioid epidemic and the issue of substance abuse across the country, particularly in the most rural and underserved communities, where the effects of this crisis are often the greatest. AACOM stresses the importance of collaboration and education between all stakeholders within the health care system, including educational institutions, patients, governing bodies, health care professionals, and organizations. This stakeholder collaboration and education must continue in order to help address appropriate pain treatment.

AACOM continues to support pain education at pre-and post-graduate levels for all practitioners whose patient populations face pain-related conditions. Medical students training to become osteopathic physicians receive extra training in the musculoskeletal system, and learn the value of osteopathic manipulative treatment (OMT) as a non-pharmacological alternative to pain management. When appropriate, OMT can complement, or even replace, drugs or surgery. In this way, OMT brings an important dimension to standard medical care.

The nation's osteopathic medical schools have consistently demonstrated their commitment to addressing this epidemic. For example, an [overwhelming majority](#) of the COMs joined with other medical schools to answer a call for action by the White House Office of National Drug Control Policy and pledged, beginning in the fall of 2016, to require all students to take a form of prescriber education in line with the Centers for Disease Control and Prevention's *Guideline for Prescribing Opioids for Chronic Pain*. In a short time, the COMs have established a variety of unique approaches and partnered with other stakeholders and governing bodies to provide this important level of education. AACOM recently [submitted comments](#) to the President's Commission on Combating Drug Addiction and the Opioid Crisis, which highlighted these efforts.

In addition, as HHS considers strategies to promote prescriber education and safer prescriber practices to enhance prevention efforts, AACOM has concerns with proposals that would place mandates on the medical schools and interfere with the educational missions of postsecondary institutions that train the nation's future physician workforce. Mandates would discourage innovation and limit flexibility for medical schools to foster an environment where institutions can implement creative approaches and tailor their curricula to best meet the needs of their student populations and the patients and communities they serve. Moreover, as noted above, we would like to stress that the majority of our institutions already provide prescriber education training.

## **Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan**

*Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers*

AACOM commends HHS for including objectives to educate providers and increase cultural competencies. AACOM encourages HHS to dedicate its resources to enhance training capacity and strengthen partnerships between academia, health delivery systems, and faith-based and community organizations. In this regard, AACOM supports the mission of the Geriatrics Workforce

Enhancement Program, which is a collaborative arrangement among health professions schools and health care facilities that trains health professions students, faculty, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health issues. AACOM's member institutions Rowan University School of Osteopathic Medicine, Lake Erie College of Osteopathic Medicine – Erie Campus, and University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine are funded through this program and are developing innovative approaches to help ensure future osteopathic physicians are comprehensively trained to manage the complex medical conditions of the nation's aging population.

AACOM continues to support the continuation of the Geriatrics program.

#### **Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences**

*Objective 4.2: Expand the capacity of the scientific workforce and infrastructure to support innovative research*

AACOM commends HHS for its dedication to providing research training and career development opportunities that will help ensure a diverse pool of highly trained investigators in the future. As the demand for health professionals increases in the face of impending shortages and the anticipated demand for access to care increases, these needs strain an already fragile health care system. Therefore, it is imperative that HHS continue to prioritize programs and initiatives through the Agency for Healthcare Research and Quality, which plays a critical role in the research continuum that helps to enable patients to get the most from new discoveries in basic and clinical research by improving health care delivery. AACOM also continues to support opportunities available to researchers through the National Institutes of Health (NIH), such as the Extramural Loan Repayment Programs, designed to recruit and retain highly qualified health professionals into biomedical or biobehavioral research careers by helping alleviate some of the debt burden that drives many health professionals away from research activities. Similarly, the Lasker Clinical Research Scholars Program is especially important to independent clinical researchers early in their careers, as it offers a unique bridge between the NIH intramural and extramural research communities. In addition, AACOM encourages HHS to continue to maximize funding available through the NIH Small Research Grant Program as it works to encourage small-scale research projects and enables researchers to test pilot and feasibility studies, which can lead to more advanced and in-depth research in the future.

#### **Strategic Goal 5: Promote Effective and Efficient Management and Stewardship**

*Objective 5.2: Manage human capital to achieve the HHS mission*

AACOM agrees with HHS' strategy to hire and retain a diverse and high caliber workforce to support and achieve the HHS mission. We also stress the importance of working collaboratively across the federal government to document and implement best practices related to administrative and operational functions as well as employee engagement, performance, and accountability.

#### **Conclusion**

Thank you for the opportunity to share our views. AACOM looks forward to partnering with HHS as it works to develop and implement policies and programs to build a health care system that enables current osteopathic medical students and future osteopathic physicians to provide the necessary care to meet the needs of our nation's evolving health care system. On behalf of the OME community,

AACOM stands ready to serve as a resource and provide additional information and consultation that would benefit HHS moving forward.

If you have any questions or require further information, please contact Pamela Murphy, Senior Vice President of Government Relations, at (202) 844-4217 or [pmurphy@aacom.org](mailto:pmurphy@aacom.org), or Julie Crockett, Federal Regulatory Affairs Manager, at (202) 844-4231 or [jcrockett@aacom.org](mailto:jcrockett@aacom.org).

Respectfully,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, DO, MPH  
President and CEO