

Testimony of the American Association of Colleges of Osteopathic Medicine  
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On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), which represents the nation's 29 colleges of osteopathic medicine at 37 locations in 28 states, I would like to express support for the efforts of the Institute of Medicine (IOM) in working to explore the graduate medical education (GME) system 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 plays in the training of future osteopathic physicians (D.O.s) as the committee continues its work. I have included AACOM data representing the role of osteopathic medical education in addressing various health care needs to help inform and provide guidance for the committee as it continues to assess and analyze the GME system.

AACOM believes that the IOM's study of GME should address important issues facing the nation's medical education system, and should take into account the value of osteopathic medical education's contributions to the nation's health care system. The below areas provide an overview of osteopathic medical education's role in primary care, workforce supply, and innovation.

**The Role of Osteopathic Medical Education in Primary Care**

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 residency positions, and in particular will not adequately address the current and projected primary care workforce shortages. According to the Association of American Medical Colleges (AAMC), the number of federally-supported GME training positions should be increased by at least 4,000 new positions per year to meet the needs of a growing, aging population and to accommodate the additional graduates from accredited medical schools ([AAMC Physician Workforce Policy Recommendations, September 2012](#)). Furthermore, in the Council on Graduate Medical Education's [Twentieth Report: Advancing Primary Care](#), the Council recommends strategically increasing the number of new primary care GME positions and programs to accommodate the increased production of medical school graduates and to respond to the need for a workforce composed of at least 40 percent primary care physicians. In addition, there is also 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.

In the 2013 GME residency match, combining the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), military, and San Francisco matches, there were approximately 30,500 first-year positions available for placement with approximately 23,000 unduplicated D.O. and U.S. M.D. participants seeking placement in training slots. However, this does not account for the participation in the match of more than 12,000 U.S. citizen and non-U.S. citizen graduates of international medical schools. Although nearly all D.O. and U.S. M.D. match participants in 2013 matched into a GME program, only about 50 percent of the graduates of foreign medical schools successfully matched. The most current projections compiled by AACOM and the AAMC (see [Post-Graduate Training Positions for Medical School Graduates](#)) suggest that there will be more than 27,000 new physicians graduating from D.O. and U.S. M.D. granting medical schools in 2021. With the historic growth of GME at about one percent per year, there will not be enough GME positions to meet the growth of both U.S. medical school graduates and graduates of foreign medical schools.

Based on research which indicates that medical students who train in community-based institutions are more likely to practice in these areas (see <http://journals.lww.com/academicmedicine/pages/results.aspx?txtKeywords=residency%20AND%20practice%20location>), 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 current and projected physician workforce shortages. Osteopathic medical education 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 to providing primary care, particularly to the nation's rural and underserved populations. COMs provide clinical training in a variety of community-based locations, within hospitals as well as in other health care training facilities. Additionally, osteopathic medical schools have fostered innovation in their approach to education with a variety of curricular approaches to primary care continuity of training, e.g.:

- 1) The Lake Erie College of Osteopathic Medicine (LECOM) Primary Care Scholars Pathway channels participating osteopathic medical students into residency training at the end of a three-year accelerated Doctor of Osteopathic Medicine degree program, saving the student a year of tuition payment, contingent upon the students' commitment to practice primary care medicine for a minimum of five years after his/her successful completion of residency training (<http://lecom.edu/college-medicine.php/Primary-Care-Scholars-Pathway/49/2205/612/2393>).
- 2) The A.T. Still University of Health Sciences - School of Osteopathic Medicine in Arizona's (ATSU-SOMA) innovative undergraduate curriculum works in partnership with the National Association of Community Health Centers to place students in medically underserved areas for three years of their undergraduate medical education ([http://macyfoundation.org/docs/macy\\_pubs/Macy\\_MedSchoolMission\\_proceedings\\_06-09.pdf](http://macyfoundation.org/docs/macy_pubs/Macy_MedSchoolMission_proceedings_06-09.pdf), 78-80).

Additionally, in partnership with The Wright Center for Graduate Medical Education, ATSU-SOMA has developed an innovative model for GME. Students chosen to participate in this program will complete an AOA-accredited, three-year family medicine residency program based at one of six community health centers located in a medically underserved area. Through this program, residents will experience continuity of primary clinical care training integrated with the completion of a competency-based curriculum (<http://www.thewrightcenter.org/>).

In the 2011 GME match process, combining matches in the AOA and the National Resident Matching Program (NRMP) match, 35.4 percent of osteopathic medical school graduates matched into a primary care discipline (from AOA and NRMP match data). Looking at the number of D.O.s training in both AOA and ACGME residency programs in 2010-11, 38.9 percent of the D.O.s in residency training were training in the primary care disciplines of internal medicine, family medicine, and pediatrics (excluding those in primary care sub-specialties and traditional rotating or transitional year programs because the eventual specialty for these trainees is not known).

In each of the last three classes of osteopathic medical school graduates (2010-2012), 32 percent of graduates indicate intent to specialize in the primary care specialties of either family practice, general internal medicine, or general pediatrics. For each year, an additional 11 to 12 percent of graduates plan to specialize in emergency medicine, with another five percent planning to specialize in obstetrics and gynecology. From the same three classes, one-third of graduates indicate plans to practice in areas that are designated health care underserved/physician shortage areas

(<http://www.aacom.org/data/classsurveys/Documents/AACOM%202011-12%20Graduating%20Seniors%20Survey%20Summary%20Report.pdf>; [http://www.aacom.org/data/classsurveys/Documents/2010-11\\_Graduating\\_Seniors\\_Summary.pdf](http://www.aacom.org/data/classsurveys/Documents/2010-11_Graduating_Seniors_Summary.pdf); and [http://www.aacom.org/data/classsurveys/Documents/2009-10\\_Graduating\\_Summary.pdf](http://www.aacom.org/data/classsurveys/Documents/2009-10_Graduating_Summary.pdf)).

AACOM strongly emphasizes primary care as the foundation of a modern health care system. Any proposal that would displace physicians from this role would disrupt the U.S. health care delivery system and create obstacles for the development of a better-integrated system needed to maximize value, access, and quality in patient care. A medical education system that produces the kind of primary care physicians needed to work in a value-driven health care system should be a goal of medical education in general, and of GME in particular. AACOM understands the necessity of evaluating the process of and funding mechanism for future physician training, but we also firmly encourage the committee to consider the full spectrum of medical education in order to thoroughly understand the complexities of GME as appropriate avenues of reform are explored.

### **Physician Workforce**

Nearly 70,000 active osteopathic physicians practice in the U.S. today, including those currently in GME (or internships, residencies, or fellowships). Of the osteopathic physicians who have completed GME, 56 percent practice in the primary care specialties of family medicine 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>).

Osteopathic medical education plays a key role in training the future physician workforce, particularly the primary care workforce. Currently, more than 21,000 students are enrolled at osteopathic medical schools, and 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 of these students will practice in rural and urban medically underserved areas; these are areas that already face shortages of primary care providers (<http://www.aacom.org/data/studentenrollment/Pages/default.aspx>).

AACOM believes that GME funding should be more closely associated with specific workforce needs. With projections of physician shortages already demonstrating a widening gap between the availability of care and 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, and general surgery) in which there is substantial current demand and anticipated growth in shortages — especially in rural and urban medically underserved areas. GME funding is critical to ensuring the stability and continuity of both the nation’s medical residency training programs, which produce future physicians, and the hospitals that provide care to the nation’s citizens.

### **Innovation**

To adequately address GME reform, the full continuum of medical education should be reviewed and assessed. 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 (<http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx>).

AACOM believes there are innovative solutions to address the challenges in the current GME system. Accreditation requirements for osteopathic medical schools require each school to provide medical care to the community where its students learn, and the current osteopathic medical education model links the osteopathic medical schools’ training to the communities where they teach students. Similarly, the number and distribution of GME positions could be tied to the number and type of positions needed, with some consideration for geographic, demographic, and specialty need; the development of more programs with hospitals in these locations could fall outside the GME cap. Additionally, osteopathic medical schools could work with their OPTIs on the creative development of more GME programs, in association with a variety of institutions and funding mechanisms. And lastly, there should be continued expansion and appropriate funding of the Health Resources and Services Administration’s (HRSA) Teaching Health Center GME (THCGME) Program, which provides funds to establish or expand primary care residency training programs in community health centers. Additionally, I would like to highlight for the committee the attention being paid to GME examination and reform by groups ranging from the Josiah Macy Jr. Foundation (see [Ensuring an Effective Physician Workforce for the United States: Recommendations for Graduate Medical Education to Meet the Needs of the Public](#)) to COGME (see its November 2011 [letter to Congress](#)).

### The Blue Ribbon Commission for the Advancement of Osteopathic Medical Education

Approximately two years ago, AACOM and the AOA brought together educational leaders in osteopathic medicine to re-envision the educational process for the osteopathic primary care physicians of the 21st century. A major consideration was the need to train quality primary care physicians in less time and at a lower cost than the traditional model of medical education. This independent commission has worked to outline the process and plan for a new outcomes-based educational model that will streamline physician training and is informed by the changing needs of our health care system. The commission also recommended new competencies needed by physicians for a transformed health care system. AACOM believes that this report, which has been made available to the IOM committee, contains many concepts that are worthy of attention as the committee considers changes to our GME system.

### The Teaching Health Center GME Program

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. For example, the HRSA THCGME Program, established in the Affordable Care Act (ACA) and currently in its third year, provides a model of innovation. This model produces primary care physicians in the communities in which they are most needed, as well as sets a strong precedent to fund GME outside of the traditional CMS funding stream to create new avenues for training medical residents in community-based, non-hospital settings. Thirty-two THCGME programs are operating around the country, providing residency training in dentistry, family medicine, internal medicine, obstetrics and gynecology, pediatrics, and psychiatry. Out of the 32 programs currently funded, 21 programs are osteopathic programs accredited by the AOA or dually-accredited (D.O./M.D.) programs accredited by both the AOA and ACGME. This innovative training is directly aligned with the COMs' osteopathic medical education model. The THCGME Program could become a foundational program for primary care osteopathic medical education if this program continues to develop through future investments. Sustainability for programs such as these is critical in addressing physician workforce needs and has the potential to greatly increase the number of primary care physicians that serve the communities most in need.

### **Legislative and Regulatory Challenges**

AACOM requests that the committee take into consideration the legislative and regulatory barriers that continue to hinder efficiency, growth, and innovation of GME and other aspects of the medical education continuum. Training students in a distributive model and utilizing community resources has been the hallmark of osteopathic clinical education; OPTIs tie the undergraduate training in hospitals to graduate training. This type of integration of the undergraduate and the GME curriculum could result in more efficient training of physicians as well as more efficient use of hospital and educational resources, and could thus strengthen our current GME system. Although AACOM continues to support lifting the CMS cap put in place by the Balanced Budget Act of 1997 on Medicare-funded GME slots, we also support exploring other methods of financing GME outside of CMS. With nearly 90 percent of medical care being rendered in ambulatory settings, the current structure of GME training should be reviewed closely during this process. Unique training environments that include non-hospital settings must be explored, and long-term financing for these programs should be considered and further developed. Additionally, AACOM strongly believes that any effort to reform GME must address the need for transparency as well as the supply of Medicare-GME positions.

Thank you for your time and consideration, and I look forward to the committee's continued work exploring GME as it relates to producing quality patient care and a robust physician workforce that will meet the demands of our nation's evolving health care system. I would also like to offer to continue to provide whatever information, resources, and consultation the committee might need as it considers the specific role of osteopathic medical education in your deliberations.