Reflections on the Present and Future of Osteopathic Medicine

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General Assessment

- The future of Osteopathic physicians seems bright.
- However, the future of Osteopathic medicine seems less certain.
- The future of Osteopathic medicine will be a function of a cohesive, professional vision and then realization of that vision to define the profession's identity, competitive advantage, and role in the future of the nation's (and the world's) health and medical practice.

To develop this vision will require a broad perspective and series of decisions –

In the past, osteopathic and allopathic medicine were very separate. Over time, as osteopathic medicine became more "mainstream" and the discrimination against DO's lessened, the two professions became more similar. As a result, in many environments, it has become increasingly difficult to clearly identify the "osteopathic identity."

Vision for the Future

Today, a path to the future is needed, and should be built on at least the following:

- First and foremost, a decision is needed as to how separate from, or how integrated, osteopathic medicine should be with allopathic medicine. Should they be two "equals," one a subset of the other, both a subset of "American medicine" or something else?

  Until the desired picture of the identity of osteopathic medicine relative to allopathic medicine clearly defined, it really isn't possible to go much further. At present, there seems to be an ambiguity about the identity of osteopathic medicine. Do DO's want to be a separate medical profession? Do DO's want to be the same as MD's? Do DO's want to be MD's?

  The identity of osteopathic medicine, and how that identity is crafted, communicated, and "implemented" will probably be the most defining factor in osteopathic medicine's future.

- Ideally, overall, the osteopathic identity should be maintained while working within the mainstream of the U.S. medical system.

- The osteopathic identity requires a clear description that includes components that define the profession's "competitive advantage."

A Bit of History – Personal Reflections

- In the four decades since I began medical school, the "identity" of the profession seems to have experienced some evolution:
    - While a medical student (circa 1980),
        - Features of osteopathic medicine:
            - The primary message, at least as I remember it, was the contribution OMT made to medical practice
            - Other messaging included treatment of the "whole person" rather than just a disease
            - The role of DO's in primary care
        - Osteopathic medical practice included:
            - Many primary care DO's in solo or very small practices
            - Osteopathic hospitals – mostly small
            - DO's had a difficult time obtaining privileges at some allopathic hospitals.
            - DO's had a difficult time obtaining residencies at some allopathic hospitals.
            - The osteopathic profession lacked residencies in some specialties
            - Most osteopathic physicians were in primary care – many had only completed a rotating internship (but no residency). In contrast, most MD's were residency trained and in specialty practices. Note some states even licensed physicians (both MDs and DOs) without an internship.
            - "Equity" in the military and VA systems
            - The number of DO's was a small fraction of the number of MD's.
            - The DO's were clustered in several areas – Michigan, Illinois, etc. Other states had less than 15 DOs (such as Minnesota). The osteopathic profession was not really known and recognized nationally. Many in the U.S. didn't know DOs existed.
            - Most DO schools were small isolated private colleges. Only one osteopathic medical school was part of a major university (Michigan State University). In contrast, most MD schools were part of a larger university.
            - There were about 13 DO medical schools and about 150 MD schools. (Today there are 38 DO schools and 154 MD schools.)

- The above "features of the osteopathic profession" aren't as visible as they were:

    - Most DO's don't do OMT on a regular basis
    - MD's and the entire medical system have adapted the concept of treating the "whole person". Treating the "whole person" is no longer unique to osteopathic medicine.
    - Essentially all osteopathic physicians do residencies, many in primary care specialties. Conversely, MD's are also recognizing the importance of primary care.

Where we are Today

- Where are we today:

    - Medical Schools
        - Growing number of DO schools so the proportion of new medical graduates that are DO's continues to increase
        - Two testing systems including NBOME

    - Post-graduate Education
        - Post-graduate education – single match and single GME
        - "Combined GME programs"

    - Medical practice
        - Few small single-specialty practices (even fewer new physicians starting their own practices)
        - Most physicians (DOs and MDs) are in large multi-specialty practices
        - Many physicians are employees
        - DOs and MDs work together side by side seeing the same patients for the same conditions
            - Patients and employers may not care whether physician is an MD or DO
            - Patients and employers may not recognize much of a difference between DOs and MDs.

    - Hospital privileges
        - Hospital staffs are joint with DOs and MDs
        - Little differences between DO's and MD's in most places
        - Many physicians (DO's and MD's) are hospital employees
        - Fewer in private practice

- Government
  - DO's are welcome in government (DoD, VA, etc)
  - 30% of military physicians are DO's (I've heard this number but have not confirmed)

Moving to the Future

- What should the goal be at this time?
  - Separate but "more than equal"
    - This will necessitate clearly identifying the DO identity and competitive advantage
    - The trend is toward equal – without attention, this could easily lead to DO's losing an identity

- To develop and achieve a vision, many entities will have to be included – all will need to endorse, support, and "proliferate" the vision.
  - It will be necessary for individual DO's to know, understand, and accept the vision and apply it to their medical practice.
  - Additionally, other groups need to integrate the vision, for example,
    - AOA
    - State Medical Societies
    - State Medical/Licensing Boards
    - AACOM
    - NBOME
    - DO medical schools
    - Osteopathic specialty Boards and Colleges
    - Etc., Etc.
  - Some sort of patient input may also be useful

- Next steps:
  - Clearly articulate what a DO is – clearly define the DO "competitive advantage"
  - Decide from a policy perspective, where on the continuum the osteopathic profession should be from "separate from" to "totally integrated into" the allopathic profession
  - Engage individual DO's and all osteopathic groups (medical schools, specialty groups, state medical societies, etc., etc.) so that the profession is unified
  - Develop the vision
- Publicize the vision so that all involved, including patients, are engaged and internalize it

Research

(Since so few DO's are actually engaged in research, I've separated it from the earlier discussion.)

- Research is a necessary part of the osteopathic profession

- Research can be conceptualized into two sectors – "osteopathic research" and "other research involving DOs".

- Osteopathic research

    - Once the identity of, vision for, and competitive advantage of osteopathic medicine have been defined and described, an overall osteopathic research strategy can be developed. This should include at least the following:
        - Research on the osteopathic profession – education, organization, etc.
        - Research on osteopathic clinical practice and "osteopathic science"
        - Research on health economics – does osteopathic medicine save on overall health care costs per patient?
        - DO schools should be the focus of this research

    - Medical research – encourage DOs to participate in research beyond the osteopathic focus
        - Encourage DOs, as U.S. government employees, to become part of research teams (NIH, DoD, CDC, VA, etc.)
        - Encourage DOs to become part of large established research institutions (universities, institutes, etc.) and to participate in NIH funded research
        - Recognize the importance of DO's collaborating with MDs, PhDs, and others in research activities
        - Value clinical research as well as health systems and health economics research
        - Anticipate that over time DOs at these large research institutions will become PIs on NIH grants
        - Recognize the importance of DOs publishing and co-authoring research results in established prestigious publications
        - Encourage these DOs, once established, to join DO college faculties or at least include DO college faculties in their grants and research projects

    - These activities will take many years of work to gain national and international visibility. The beginning will be to make medical students aware of the opportunities available and to foster DO's who already have a research interest.

- In geographic areas where feasible, develop joint programs with DO schools and established medical research institutions (universities and other research institutes.) (For example, Cleveland Clinic and the Osteopathic college nearby.)

Summary and General Comments

- Developing the vision and making it a reality will require leadership – most likely coordinated by the AOA
- Though the AOA will most likely coordinate, participation of all components of the osteopathic community will be needed for success
- Funding at various levels will be needed. It may be possible to get some funding from foundations and other groups.
- At the grass roots level, the "buy-in" of individual DO's will be needed – the vision, etc. will have to be framed so that individual DO's will see how it will personally benefit them as individual physicians
- Though time is of the essence, completion of the transformation will take some time (measured in years)
- Developing this focused vision – and following it through to reality – it critical for the future of the osteopathic profession