

Project Future – A Vision of Osteopathic Medicine

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The roots of osteopathic medicine were established in 5th century BCE Greece when Hippocrates introduced the concept of rational medicine. He is generally credited with a paradigm shift in healthcare delivery from one focused on disease to one focused on improving health. The role of the physician was to help the patient maintain or restore health through self improvements – healthier diets, exercise, improved structure, environmental factors and spirituality.

In 19th century America, Andrew Taylor Still MD, DO witnessed the inadequacy of contemporary healthcare delivery. Like Hippocrates, Still believed that maintenance of health could be enhanced via focusing on structural and functional relationships. Personal experiences and loss shaped his view of whole person healthcare and led to the philosophical approach osteopathic physicians' use today.

The tenets of Still's philosophy and practice create an enormous opportunity for osteopathically trained physicians to shape 21st century healthcare delivery. Patients want affordable, portable, patient centered, safe and high quality care. They want their healthcare providers to communicate with each other and them. They want the system to use technology and data to empower them to maximize their function within society. Patients desire their care to be comprehensive, integrated within their community and to adapt as they age or become ill. All these desires are the vision of a comprehensive, patient centered healthcare delivery system, one which does not yet exist. Innovators in other fields have recognized this opportunity and have begun to explore new pathways to improve our nation's health at lower costs. In 1994, a small company with a mighty powerful name, Amazon, redesigned the way people shop through the use of big data and an innovative delivery system. In less than 20 years, they disrupted an outdated model and re-created a new world of sales. The same is now needed in healthcare and Amazon and others are poised to massively disrupt this field.

The 2019 pandemic of SARS-Coronavirus-2 has initiated this kind of disruption. The retail model of health services – physician/provider centered was unable to function. To survive, the delivery model of health services had to change to a virtual model of care – empowering the receivers of health services to better control their care. The use of big data, hand held information devices, and technologies such as ZOOM flourished. The telemedicine era began in earnest and the entire system – providers, patients, insurers and the government became engaged in this new model of health services delivery.

How can osteopathic medicine, previously a high touch, hands on profession thrive in this brave new world?

First, the model by which we train new healthcare providers needs to be forward looking. Simply training students in the traditional medical school model will not meet society's needs.

New healthcare workers need to learn skills in data management science, bioinformatics, and team building. They should be trained alongside scientists, data experts, and para-professionals. They will need a scope of the entire world of healthcare and wellness as their role will be to integrate this information to provide for the best outcomes for their communities. This interdisciplinary team based training will prepare the future osteopathic physician for a new system based not upon knowing everything but knowing how to bring together the right people and skills to get the best outcomes for patients. They should learn healthcare delivery science – how to best study and employ new discoveries to improve health. The future osteopathic student must be prepared with tools for both discovery of new knowledge and how to apply that knowledge. Early mentoring opportunities within the pre-clinical years outside the sphere of the medical school itself should provide these partnerships. Imagine the impact of osteopathic pre-clinical students working on projects with innovators such as Google, Amazon, insurers, pharmaceutical companies, and health and wellness experts.

As a young and growing profession, untied to a research environment, osteopathic medicine has the flexibility today to redesign healthcare education. Many such COMS are already doing this and as new schools develop; their mission should be to refocus on future healthcare needs and training a new model physician to meet those changes. Encouraging students to use new technologies to learn and discover will help sustain their drive to innovate the health systems of today.

The challenges facing these new models are traditional science based training and focus on test passing rather than innovation, discovery and curiosity. Our entire system is engulfed in this – test and pass mentality – one which discourages curiosity and innovation and rewards memorization and testing skills.

One challenge and opportunity is the single accreditation graduate medical education system. Though, osteopathic physicians will be training in a primarily allopathic world, the aforementioned opportunities exist for both MD and DO trained healthcare providers. Embracing these changes and maintaining the osteopathic philosophy at the earliest level will help differentiate the osteopathic graduate. The emphasis in osteopathic colleges on holism, community and patient focused rather than disease focused care will help us train a generation of physicians rooted in philosophy but trained in the latest technologies. It is the application of these tools that will help maintain our differences.

Second, osteopathic physicians in practice will need to adapt to the changing environment. They too will need to acquire new skills and re-invent themselves to deliver the best care for their communities.

The development of centers of excellence, to provide these skills is a role that osteopathic CME providers and certifying boards need to embrace, shedding the old models of continuing professional education and testing. By linking together, these centers can provide new knowledge, skills, and training to enhance practice, regional education and create networks to do the health services research the profession needs to grow its identity. The creation and linkage of databases amongst these centers and osteopathic colleges can provide the resources for a flourishing research community that is focused on osteopathic advances and outcomes. These centers, working in collaboration with other osteopathic

organizations including the AOA, scientific publications can help message the impact of osteopathic healthcare on communities. The profession must invest in training future leaders to develop these skills and lead these efforts as the future osteopathic physician will most likely be integrated in groups of physicians trained allopathically, osteopathically and outside the USA.

Third, osteopathic medicine should establish its identity as the healthcare that our population wants. AT Still never set out to establish a separate but equal school of medicine but to improve upon the healthcare practice of his era. What unique skills will today's and the future osteopathic physician deliver to improve health? What role will osteopathic organizations play in promoting that vision?

What should be the role of state and national organizations? To start, there already are too many of these – and too many lack focus. The initial mission of many of these was to advocate for osteopathic practice rights. Later, because of separate education networks, they provided continuing education and opportunities for social interactions. As the osteopathic profession grows, today's students and graduates are less focused on participation in such organizations. Many are no longer in private practices but are part of larger healthcare organizations or networks. Many of the smaller osteopathic organizations, by themselves, lack the ability to provide the high quality education and skills that can be delivered by larger and more national groups. As most CME has moved on-line, their roles have shrunk. As more osteopathic physicians train in GME, their source of post-graduate and continuing education will be part of larger organizations in their specialties. One approach would be for the osteopathic community to embed themselves in these meetings to provide some unique aspects of training. Like the sessions at national meetings sponsored by places like Cleveland Clinic, the osteopathic organizations could embed sessions into other national meetings and on-line CME. Social interactions at regional or national meetings could be sponsored by osteopathic organizations or colleges to maintain the social bonds of alumni. Another would be to promote the development of healthcare think tanks and state of the art learning like the Aspen Ideas conference which would etch the osteopathic message in our national healthcare dialogue.

National and state organizations need to work together to ensure the brand of osteopathic medicine is part of the national psyche of healthcare. That is best done by highlighting the good work that the profession is doing for their communities; by promoting good research and promoting the development of future leaders in healthcare. The philosophical roots of osteopathic medicine need to be at the center of all our training, branding and actions. Healthcare models will change but those roots established in the 5th century BCE by Hippocrates are the foundation upon which our existence relies.