Research vital to osteopathic medical profession's vibrancy and growth

For more than 20 years, I have been intimately involved with the research effort of the osteopathic medical profession. During my fellowship, I made presentations at several annual research conferences. Subsequently, Howard M. Levine, DO, and Felix J. Rogers, DO, approached me and invited me to join the American Osteopathic Association Bureau of Research. Their heartfelt interest in research impressed me. They passionately discussed the importance of research to our profession. Since joining with them two decades ago, I have witnessed many positive changes.

Under the direction of Dr Levine, the Bureau of Research grew as a major program for our profession. Methodically, Dr Levine and others found numerous financial means to support research. They totally revamped our profession's Osteopathic Research Handbook and brought the Annual Research Conference to the AOA's yearly national meeting. The Bureau's structure was established, comprising several committees: one focuses on the Annual Research Conference; a second committee is involved in research finances; and a third is involved in research grant selection and funding recommendations.

While a member of the Committee on Research Grants, as well as a Bureau member, I worked with many individuals who contributed substantially to improving research in osteopathic medicine. Two individuals deserve particular praise: Felix J. Rogers, DO, and Michael M. Patterson, PhD. Dr Rogers is a practicing osteopathic cardiologist, and Dr Patterson is an educator and scientist who has been totally dedicated to our profession during his entire career. These two men seemingly endlessly worked with numerous investigators to foster research in our profession. They, as I, believe that osteopathic research is our profession's life blood. Research in our profession has helped to prove our distinctiveness and has enhanced feelings of unity within our profession. Research has allowed our institutions to grow to an even higher scholarly level.

This issue, beginning on page 421, and the next issue of JAOA will present numerous scientific abstracts submitted to the Annual Research Conference by osteopathic researchers and basic scientists who are faculty at our osteopathic medical schools and universities. I think that you would agree that their efforts are outstanding.

Much has changed during the past 25 years. Osteopathic research is healthy and growing, but more scholarly endeavors are needed. The science of our profession must grow. This growth is totally dependent on high-quality osteopathic research. All our osteopathic medical schools and universities must participate fully in this effort. Our institutions' leaders must foster this research effort.

As a member of the Bureau of Research, and specifically as a member of the Committee on Research Grants, I had the privilege of working with many other individuals deserving of acknowledgment. W. Douglas Ward, PhD, and Konrad K. Retz, PhD, at the AOA office have given and are giving tremendous effort. Anthony G. Chila, DO, has dedicated his entire career to enhancing osteopathic research. Last, but most of all, I would like to thank the numerous investigators—both the osteopathic and the nonosteopathic research scientists—for what they have contributed to our knowledge of osteopathic medicine.

The osteopathic medical profession is strong and vibrant, but its further growth will be intimately related to the new knowledge we gain. Research is paramount in this process. Therefore, I encourage osteopathic medical students to strongly consider a career in academia focusing on osteopathic research. Our schools are ready for these bright young osteopathic physicians who have numerous questions that deserve fully explored answers.

Gilbert E. D'Alonzo, DO
Editor in Chief

Osteopathic medical education in the 21st century—Translating educational challenges into professional opportunities

The subject of this editorial stems from some important and timely insights that I have gained during 18 years devoted to the field of osteopathic medical education.

During the course of these 18 years, I have witnessed the spectacular growth of our educational system. Today, we operate 19 colleges of osteopathic medicine throughout the United States. However, the creation of new campuses has not correlated with the availability of clinical training opportu-
nities. Now, we are faced with a critical question about how to accommodate the needs of these new students. Some current statistics illustrate this point.

Today, there are more than 42,000 osteopathic physicians in the United States. Of these, 9,000 are interns and residents graduated from 17 colleges of osteopathic medicine. There are more than 10,000 students currently in the osteopathic medical education system (19 colleges). However, there are fewer than 100 osteopathic hospitals available to offer predoctoral and postdoctoral training to these individuals.

It doesn’t take an economist to conclude that the profession clearly has an issue with supply and demand. The questions then become: how will we provide clinical training to the 5,000 third- and fourth-year osteopathic medical students and how do we provide sufficient American Osteopathic Association–approved postgraduate training for these same students once they graduate? Further, how will the training environment as a whole be affected by the sweeping changes in the modern healthcare system? And, what other issues are at stake in the future of the profession?

There are no easy answers to these questions, but there are some proactive measures that the osteopathic medical profession can take to begin translating these challenges into opportunities for the next century.

Growth in most professions is regarded as a blessing; however, the manner by which the osteopathic medical profession has grown in the past two decades has created the osteopathic training site deficit we are now experiencing. Of the 19 colleges currently in operation, 10 were established between 1969 and 1981. Four more of these schools have been started since 1992. At the same time, many osteopathic hospitals have suffered in the wake of managed care takeovers and hospital closures. Given the current competitive climate, it has been necessary to utilize allopathic and mixed-staff hospital systems to fulfill training needs. Although this situation may not seem ideal, it does offer a range of new resources that can be used to our advantage.

Thanks in part to DO graduates of postdoctoral programs approved by the Accreditation Council for Graduate Medical Education (ACGME), the academic preparedness and refined patient relations skills characteristic of osteopathic trainees is widely recognized in allopathic medical settings. This means that these training sites can be used to bolster the development of osteopathic postdoctoral training institutions (OPTIs). The consortia solution to training obstacles will put us in a position to benefit from a diverse range of allopathic medicine’s resources, but ultimately, maintain osteopathic medicine’s supervision and educational standards of these programs. This is just one example of the opportunities that the current set of circumstances has created.

One of the main characteristics that have historically gained the osteopathic medical profession recognition is our primary care contribution to the physician workforce. For many years, 80% of DOs were primary care physicians. However, today that number has dropped closer to 50% due in part to the increasing number of DO graduates who are opting to train as specialists. At the same time, a significantly higher number of MD graduates have been entering primary care in the past 5 years, which means that our previous leadership as a profession producing primary care physicians is slowly being neutralized.

So, what opportunities exist to revive osteopathic medicine’s role in training primary care physicians and, in doing so, capitalize on the urgent need for “generalists” in healthcare? One possible approach could come by way of geographic redistribution of osteopathic medicine’s graduates. At the Osteopathic Medical Education Leadership Conference in September 1998, Claude Earl Fox III, MD (the administrator of the Health Resources and Services Administration a division of the US Department of Health and Human Services), commented that the osteopathic medical profession continues to lead the country in providing care to medically underserved communities. Currently, DOs represent 15% of all physicians practicing in these urban and rural areas. This professional niche could be developed to further endear and enhance osteopathic medicine’s image in the eyes of state and federal governments.

Building on the early success of the OPTI model, new training programs in primary care could be added in underserved areas to successfully triple the number of osteopathic physicians and corresponding training positions in the United States. These are the kinds of opportunities we need to be examining to accommodate the growth of the profession in conjunction with changing healthcare needs.

One of the healthcare trends that has been a source of concern to many physicians is the growing number of allied health professionals. Although some of the colleges of osteopathic medicine existing under a university umbrella offer training to physician assistants (PAs) and family nurse practitioners (NPs), many primary care DOs view these professionals as competition. It is true that managed care companies view PAs and NPs as “cost-effective” providers, but the growing numbers of these trainees will only pose a threat if the osteopathic medical profession refuses to embrace this partnership opportunity in providing primary care services.

Because there are several universities that train osteopathic physicians and allied health professionals side by side, we have an opportunity to shape how these practitioners are trained and prepare them to work in an interdisciplinary environment. A diversified healthcare team with proper super-
vision could not only ease the burden on individual physicians, but also enable DOs to better fulfill our mission of providing care to underserved communities.

In talking about the best ways to fulfill training needs and to foster productive professional expansion, it is also necessary to address the principles we would like to preserve in that process. In other words, we need to accentuate osteopathic medicine’s distinctiveness.

The truth of the matter is that low public awareness of osteopathic philosophy and principles is a persistent problem for the profession. The public does not know that DOs are taught to seek health instead of disease, or that we focus on the interrelationship between structure and function and the body’s inherent ability to heal itself. The irony is that the public is attracted to these ideals but simply does not identify them with the osteopathic philosophy. This fact is due in part to our failure to adequately emphasize osteopathic principles and practice throughout the educational and clinical continuum. Now, the necessity of bolstering this association is becoming critical.

The only way to combat awareness problems is through a concerted public education effort. By now, I’m sure most DOs are aware that the American Osteopathic Association has spearheaded the most comprehensive public education campaign ever mounted by the osteopathic medical profession. Launched in late 1998, the campaign is designed to accentuate osteopathic principles and practices in educational programming, while simultaneously bolstering public knowledge of osteopathic medicine’s contribution to healthcare. An initiative of this design is both timely and necessary, but it can only be successful if each DO makes a personal commitment to restaking osteopathic medicine’s identity every day.

The profession is composed of excellent physicians in all specialty areas, and many of us use osteopathic principles and practice in an integrative manner in our practices. But we can and must do more. We have to preach and teach osteopathic medicine. We have to be role models for students, interns, and residents by re-emphasizing the importance of osteopathic principles and practice and osteopathic manipulative treatment in training programs and in our offices. We have to wear our distinctiveness on our shirtsleeves so that trainees and the public alike will appreciate the ways we are distinctive. Clearly, the profession has thrived over the course of the past 100 years because the public wants our distinctive professional services. We have an opportunity to illuminate our unique contribution to healthcare, and we need to act on it immediately.

As osteopathic physicians, we all have witnessed the tangible ways that osteopathic treatments can be used to engender good health. However, the profession has not been aggressive enough in generating data from outcomes-based research to validate this modality to the scientific world. One of the responsibilities of osteopathic medical education should be to emphasize the value of research in producing the necessary scientific and clinical data to solidify our distinctiveness. We must seek the necessary financial resources in grants and donations to support these efforts. We must also involve our students in these projects so that they may continue the research in their future careers as osteopathic physicians.

Research will improve the visibility and recognition of the osteopathic medical profession, but another area of growth that must be considered is international expansion. Several countries around the world have expressed an interest in the osteopathic philosophy, and in many of those nations, non-physicians have already begun to apply osteopathic techniques. Whether this will pose a threat to osteopathic medicine in the United States is a matter of opinion. But, this is clearly another example of why DOs need to take an active role in shaping the future of osteopathic medicine in the United States and the world.

I believe that the successful future of this profession hinges on our commitment to a high-quality osteopathic medical education. It should be a seamless educational process from medical school to postdoctoral training to clinical practice, and it should be a journey of lifelong learning for each of us. As teachers and students, we need to share what we know with the public, the government, and other healthcare professionals. The world is full of opportunities for osteopathic physicians. The real challenge is learning to use these opportunities to achieve osteopathic medicine’s charge “to teach, to heal, to serve” in the most productive way possible. Let’s do it TOGETHER! ♠

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Correction
A typographical error occurred in the letter, “Remember the DO Difference,” by Paul C. Rossi, DO, published in the July issue of the JAOA (1999;99:342-343). The word “pain” should be replaced with “plan” in the sentence (column 1, page 343), “Therefore a tremendous opportunity exists for the persistent DC with a systematic plan.”