

Medical Education Update

January 26, 2012

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College of Osteopathic Medicine
Michigan State University

Goals

- **Present and discuss** future scenarios of what medical education might look like
- **Differentiate** what's probable versus possible based on current trends

Learning Objectives

- Upon completion of this session the participant will be able to:
 - **describe** the impact of the healthcare environment on medical education during *the past 100 years*.
 - **discuss** how medical education has the potential to influence healthcare delivery *during the next 25 years*.

Framing Quote

“If you aren’t confused....
you don’t know what’s going on.”

Jack Welch, CEO

GE Corporation, 1981–2001

How did we get here - PRESENT



Here = January 26, 2012

Primary Care Physicians

Salary is inadequate

Debt of graduates is excessive

Lifestyle is very challenging

Paperwork is a major hassle

~40% are very negative

Recommendations

A \$1.3M bonus

Loan forgiveness

Improve effectiveness (Teams)

Improve efficiency (IT)

Mentors / Coaches / UME & GME

MSUCOM (2008)
Average Debt = \$172K

Financial Information

Tuition and Fees

Source: 2009-2010 tuition. Data subject to change.

Resident tuition:	\$31,437
Non-Resident tuition:	\$68,904
Supplemental Application fee:	\$85
Resident fees:	\$755
Non-Resident fees:	\$755
Health Insurance (can be waived):	\$1,390

Fees Include:

Student Services	×	Technology	×
Lab	×	Microscope Rental	
Computer		Health Service	
Student Activities	×		

Estimated Room, Board, Books & Living Costs: \$13,632
Average 2008 graduate indebtedness: \$171,752

Deposit

Applicants who are notified of admissions offer are asked to respond two weeks earlier than AACOMAS deposit guidelines after receiving their letter of acceptance.

Amount of deposit to hold place in class: \$750

If deposit dependent on residency status:

Deposit (resident): N/A

Deposit (non-resident): N/A

Deposit due: Due to early start, deposit deadline is December 1, remainder of deadlines are all approx. two weeks earlier.

Additional Deposit: \$200 (fees)

Applied to tuition: Partially applied

Deposit refundable: Yes (\$300 fee dep. only)

Refundable by: \$300 fee payment refundable up to middle of 1st semester of enrollment.

Financial Aid

Enrolled students with federal financial aid: 87%

Scholarships: Yes

Average scholarship/grant: \$5,000

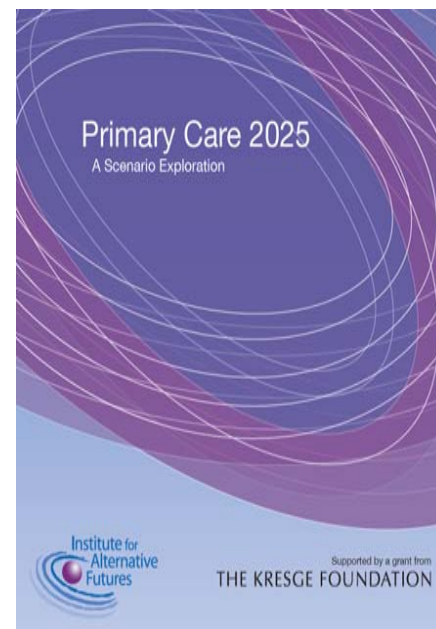
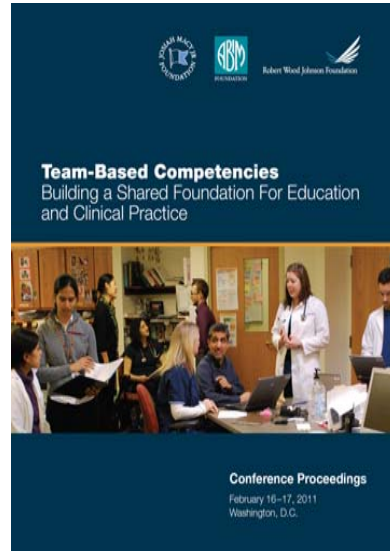
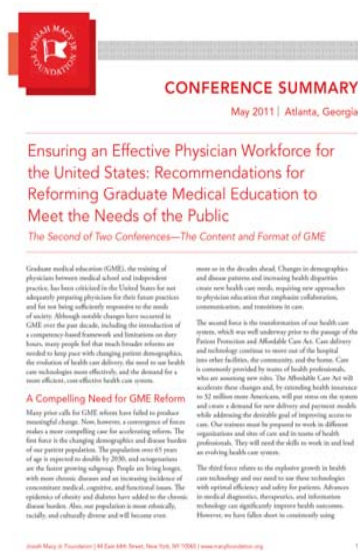
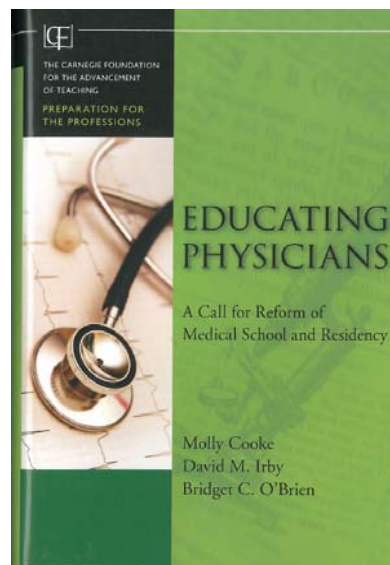
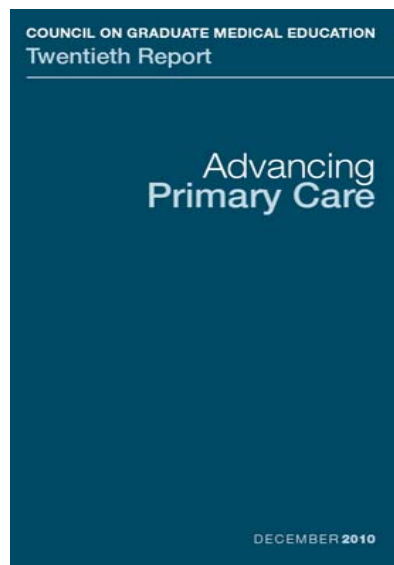
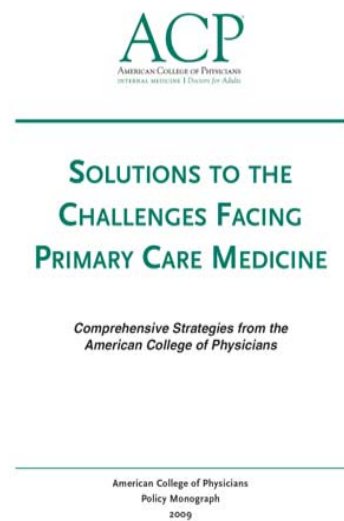
**Osteopathic Medical College
Information Book**

2011
ENTERING CLASS

aacomTM

AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE

References



January 23, 2012

COUNCIL ON GRADUATE MEDICAL EDUCATION
Twentieth Report

Advancing
Primary Care

DECEMBER 2010

PCP Salary < 55% Specialists

Figure 8: Primary Care Median Compensation vs. Specialty
Median Compensation

	2008
All Primary Care:	\$ 186,044
Family Practice (without OB)	\$ 179,672
Internal Medicine*	\$ 191,198
Pediatric/Adolescent Medicine*	\$ 186,641
All Specialists:	\$ 339,738
Dermatology*	\$ 368,407
Emergency Medicine	\$ 258,131
Gastroenterology	\$ 449,014
Obstetrics/Gynecology	\$ 285,812
Orthopedic Surgery*	\$ 475,999
Psychiatry*	\$ 195,878
Surgery: General	\$ 320,116
Urology	\$ 383,016
All Nonphysician Providers:	\$ 94,191

* Represents specialties that are combined

Source: Medical Group Management Association, 2009 [74]

DO specialty trends

SELF-IDENTIFIED DO PRACTICE SPECIALTIES, 1984-2010

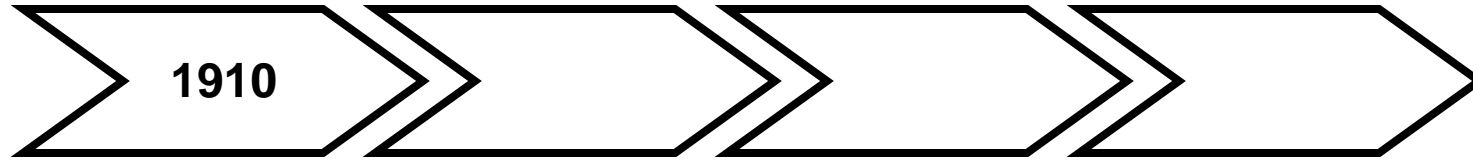
Year	Family and general practice		General internal medicine		Pediatrics and adolescent medicine		Obstetrics		Osteopathic manipulative medicine (OMM) or osteopathic manipulative treatment (OMT) specialties*		Other specialty	
	DOs	%	DOs	%	DOs	%	DOs	%	DOs	%	DOs	%
2010	19,737	39.1	5,687	11.3	2,612	5.2	2,170	4.3	902	1.8	19,010	37.7
2009	18,964	40.9	4,620	10.0	2,178	4.7	2,001	4.3	813	1.8	17,613	38.0
2008	18,680	42.6	4,171	9.5	1,995	4.5	1,858	4.2	656	1.5	16,178	36.9
2007	18,976	44.7	4,037	9.5	1,791	4.2	1,637	3.9	602	1.4	14,665	34.5
2006	18,610	46.1	3,468	8.6	1,325	3.3	1,543	3.8	498	1.2	14,020	34.7
2005	17,800	46.3	3,107	8.1	1,176	3.1	1,465	3.8	464	1.2	13,431	34.9
2004	16,752	45.5	2,994	8.1	1,127	3.1	1,416	3.8	448	1.2	13,050	35.5
1994	10,136	44.8	1,487	6.6	560	2.5	754	3.3	753	3.3	8,048	35.5
1984	7,224	56.4	598	4.7	236	1.8	361	2.8	62	0.5	3,033	23.7

2010

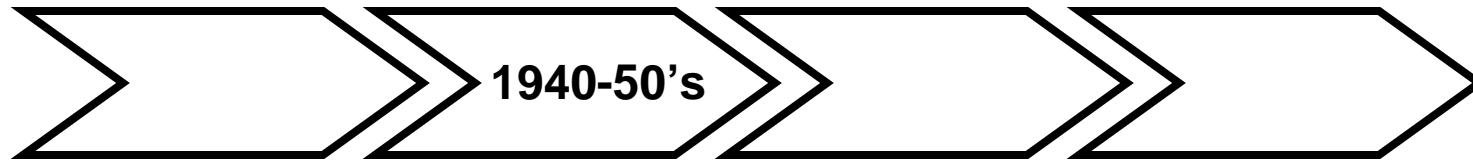
OSTEOPATHIC MEDICAL PROFESSION REPORT

How did we get here - PAST



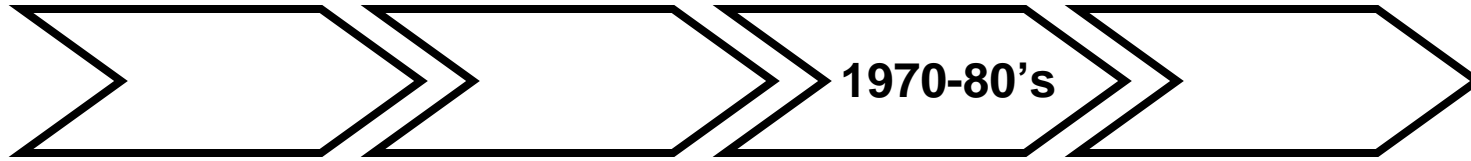


- Flexner Report
 - Standardization & Integration
 - Admissions Criteria & University-based

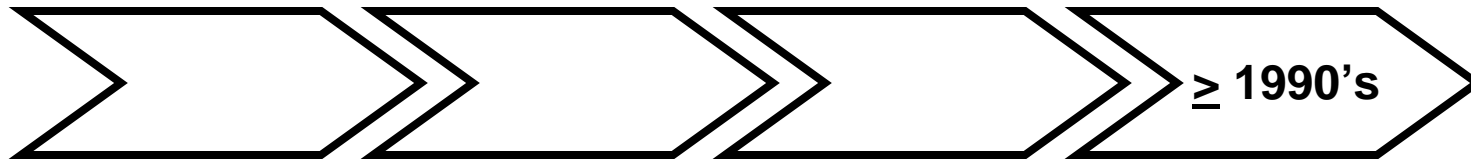


- World War II
 - 1942 = 5,796 Residency Slots
 - 1954 = 25,486 Residency Slots
- NIH
 - Academic Medical Centers





- Medicare
 - Widening Gap in Salaries
 - Moving IP to OP (DRG's....)
- Specialties
 - 1970 = 19 Specialty Colleges + 10 subspecialties
 - *Now* = 24 Specialty Colleges + 121 subspecialties



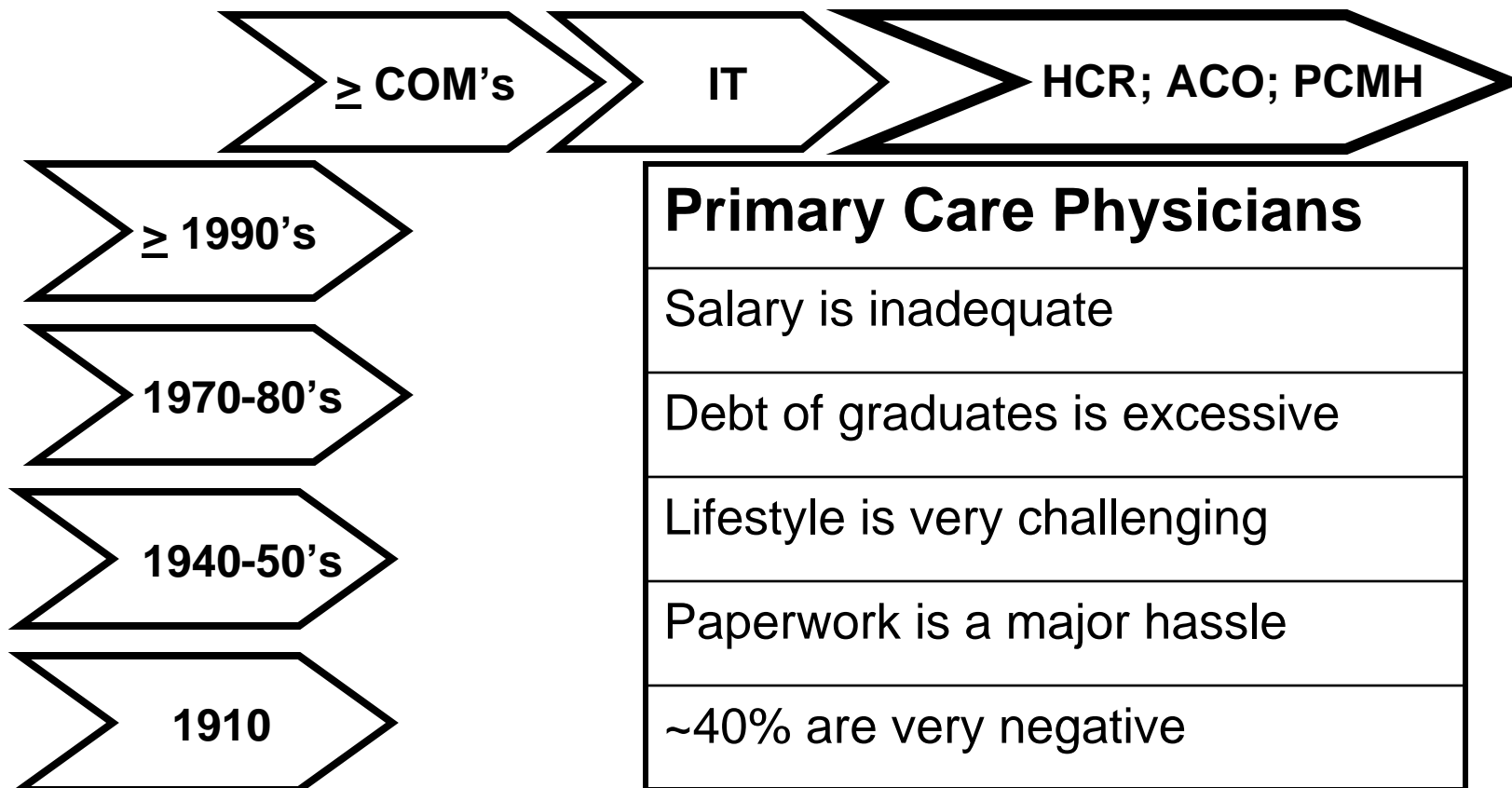
- Physician Surplus
 - 1965 = 115 / 100K population (50% PCP)
 - 1992 = 190 / 100K population (< 35% PCP)
- Non-physician Clinicians (NPC)
 - 1967 = 3 PA graduates; 2008 = 5609 PA graduates
 - 80K PA's (27% PCP)
 - 125K NP's (70% PCP)

How did we get here - REVIEW



History

Here



Medical Education - COMs



Medical School Enrollments

1st Year MD and DO Enrollment 2014 as compared with 2002

	<u>2002</u>	<u>2014</u>	<u># and % Increase</u>	
MD	16,488	20,281	3,405	23%
DO	3,079	6,271	3,192	103.7%
Combined	19,567	26,552	6,597	35.7%

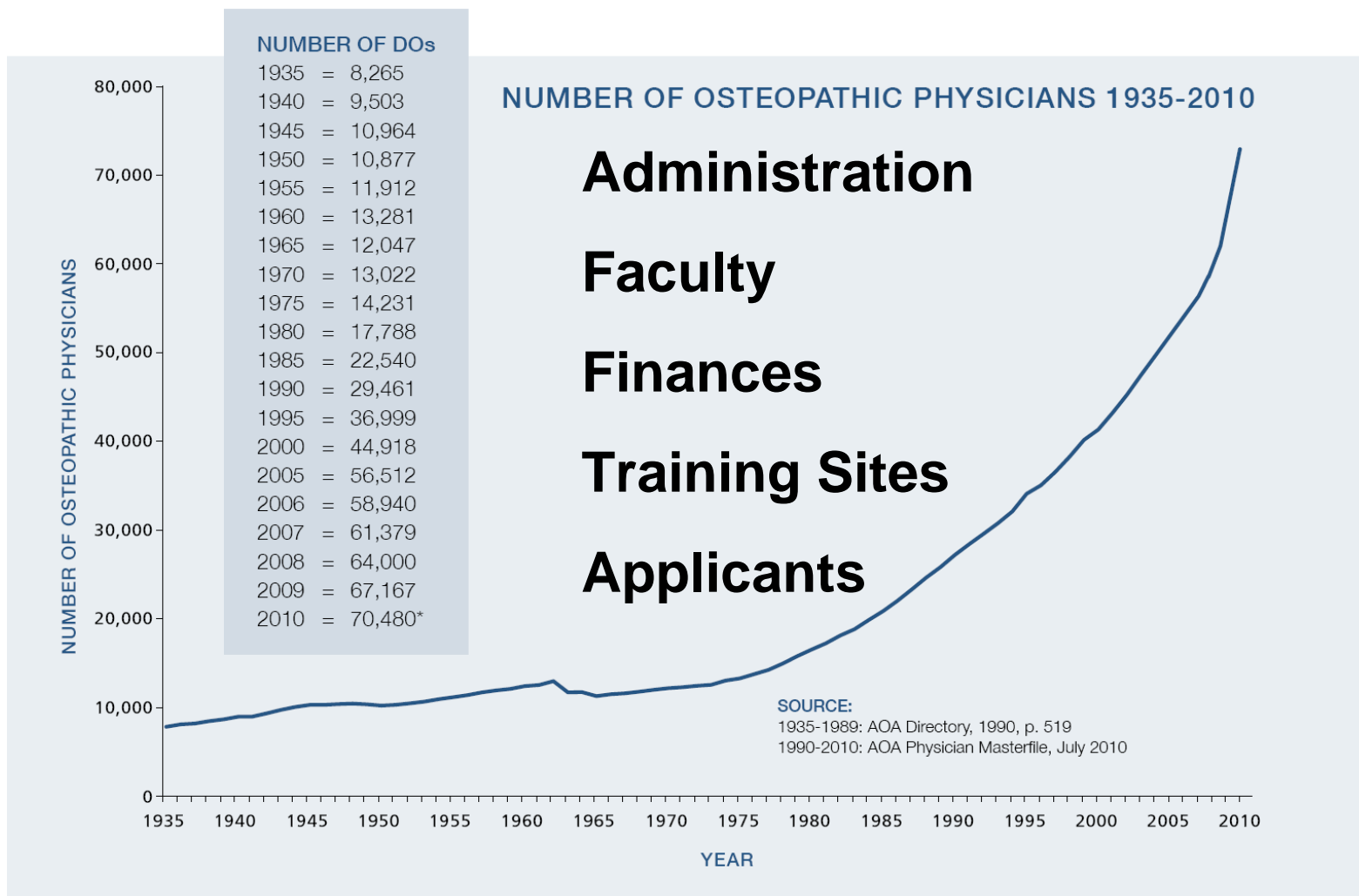
Sources: AAMC Dean's Enrollment Survey: 2009 Preliminary Findings
AACOM 2009 Survey on Osteopathic Medical School Growth Plans Preliminary Data

The Growth of the Physician Workforce -
2012 and Beyond

Fitzhugh Mullan, MD
Murdoch Head Professor of Medicine and Health Policy
George Washington University

Osteopathic Medical Education
Leadership Conference

January 12, 2012

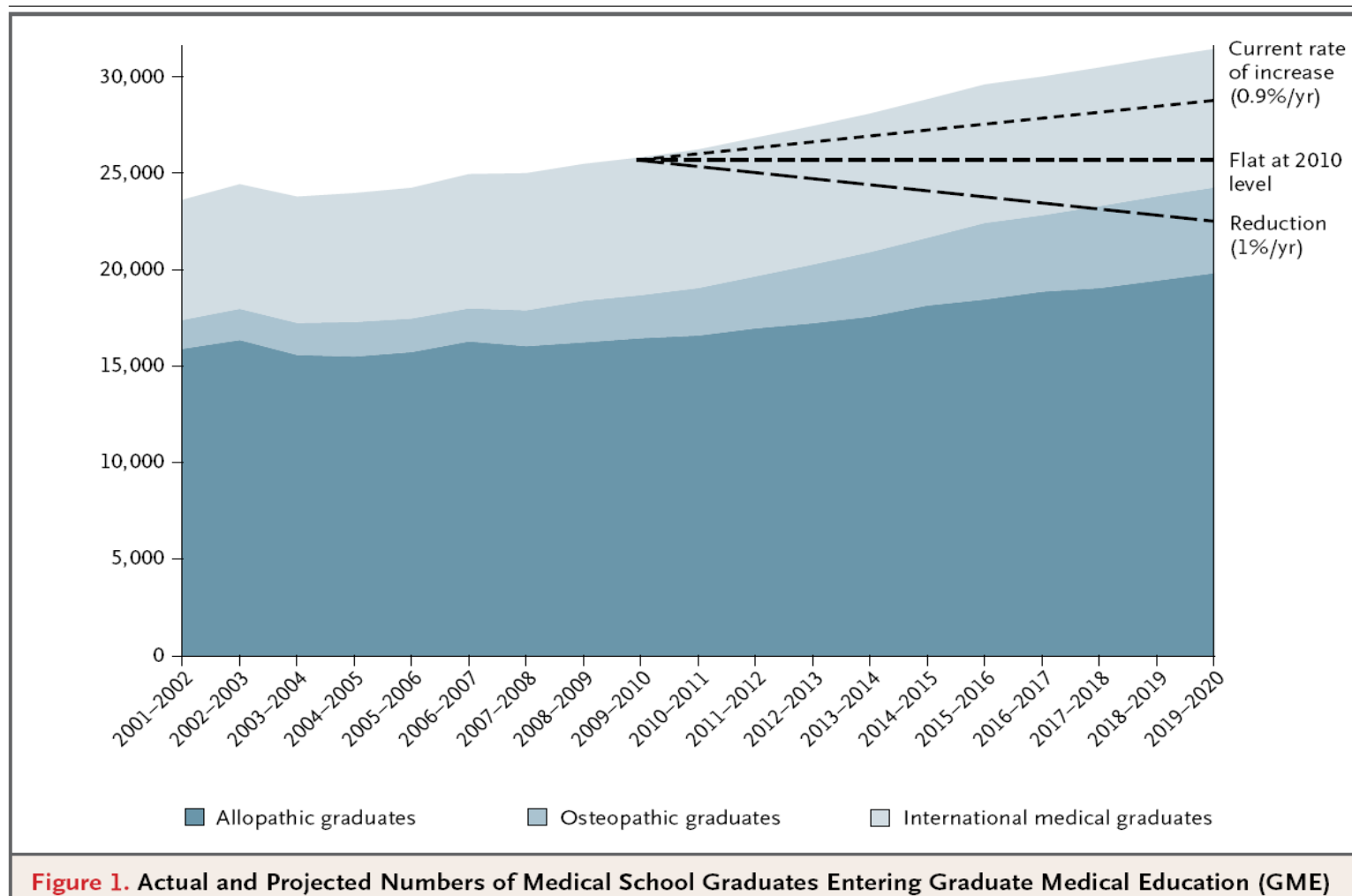


* These numbers do not include 2010 osteopathic medical school graduates.

2010

OSTEOPATHIC MEDICAL PROFESSION REPORT

Residency Positions



Supplement to: Iglehart JK. The uncertain future of Medicare and graduate medical education. N Engl J Med 2011. DOI: 10.1056/NEJMhpr1107519.

Number of DOs Scrambling*

2006-2011

Year	Graduation Class Size	AOA Match Results	NRMP Match Results	No. in Scramble
2006	2814	1196	1024	594
2007	3103	1267	1136	700
2008	3462	1353	1339	770
2009	3724	1433	1408	883
2010	3845	1473	1444	928
2011	4228	1640	1561	1027

*These Numbers Do Not Include Graduates From Earlier Years in the Match Programs

Date: January 4, 2012

To: COM Deans and Presidents; American Association of Colleges of Osteopathic Medicine; Association of Osteopathic Directors and Medical Educators; Presidents of Specialty Practice Affiliates; National Board of Osteopathic Medical Examiners, Inc.; Student Osteopathic Medical Association; Council on Osteopathic Student Government Presidents; Members, Commission on Osteopathic College Accreditation; Members, Evaluators Registry; AOA Board of Trustees; and United States Department of Education

From: Andrea Williams, Director, Division of Predoctoral Education
Assistant Secretary, Commission on Osteopathic College Accreditation

Re: **Proposed Revisions to COCA Standards of Accreditation**

- At its meeting on January 4, 2012, the Commission on Osteopathic College Accreditation (COCA) discussed the following:
- Policies related to GME Training Slots
 -
 -
 -
 -
 -
 -
- Supplemental Report

**Focused Revision of the Common Program Requirements
IMPACT STATEMENT**

Line Number(s): 286-289 will become effective July 1, 2014.

Requirement Revision (major revisions only):

III.A.2. Prerequisite clinical education for entry into ACGME-accredited residency programs must be accomplished in ACGME-accredited residency programs or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs located in Canada.



AMERICAN OSTEOPATHIC ASSOCIATION

142 East Ontario Street, Chicago, IL 60611-2864 ph 312 202 8000 | 800 621 1773

November 23, 2011

Timothy Flynn, MD, FACS
Chair, ACGME Board of Directors
Accreditation Council for Graduate Medical Education
515 N. State Street
Chicago, IL 60610

Dear Dr. Flynn:

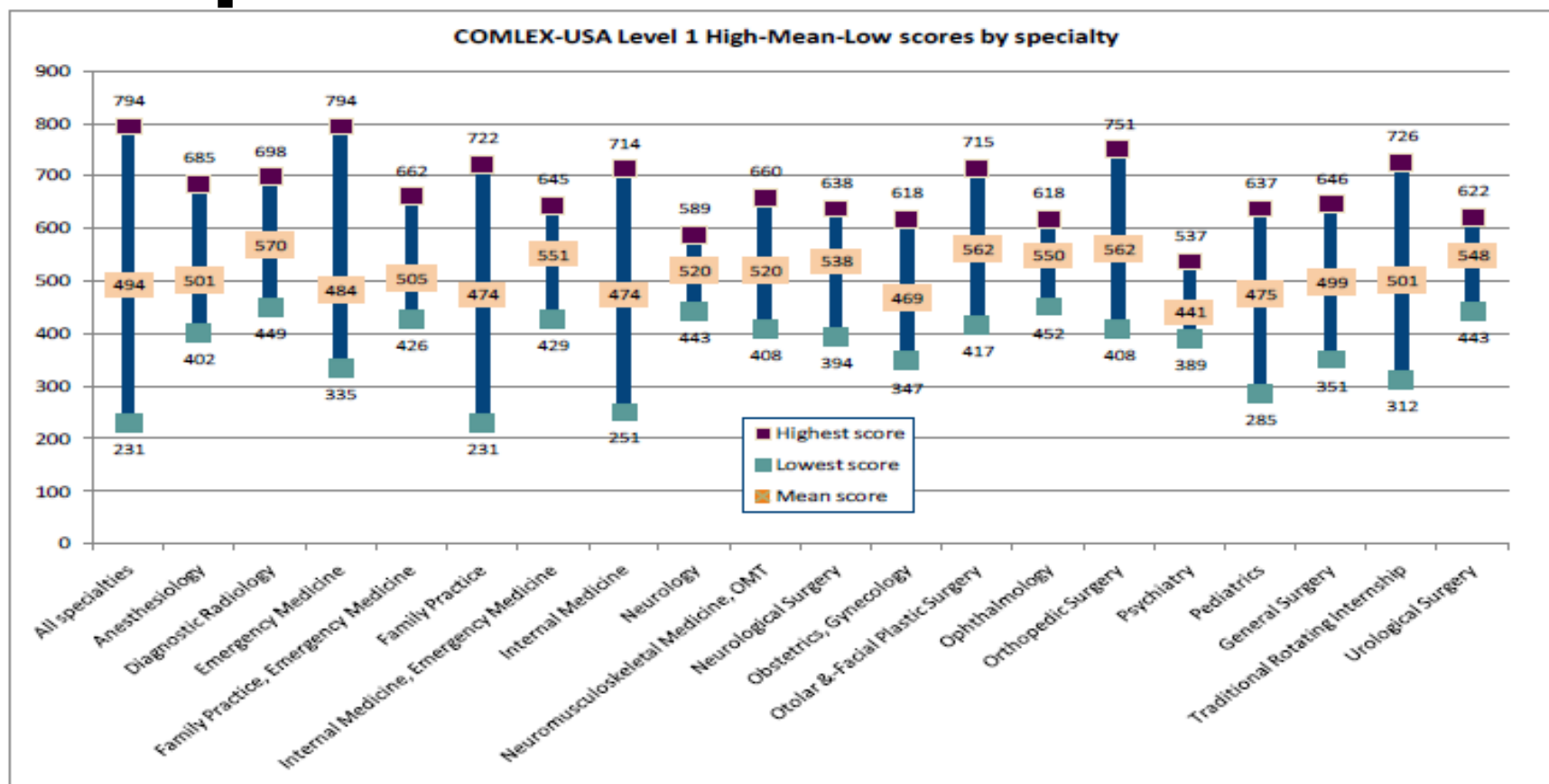
The undersigned osteopathic associations thank you for the opportunity to provide comments on the following proposed changes to the Common Program Requirements for entry into ACGME residency and fellowship training:

http://www.acgme.org/acWebsite/reviewComment/Common_Impact.pdf

<http://www.osteopathic.org/inside-aoa/Documents/ACGME-AOA-position-statement.doc>

Competition

**C1 – Screen; C2CE – Rank
C2PE – No Rank if FAIL**



Taken from “Outcomes of the Osteopathic Match, 2009”, produced by AACOM with participation by AOA and NBOME, copyright 2011. To view the full report, visit the AACOM website: <http://www.aacom.org/data/Pages/default.aspx>

Blue Ribbon Panel Making Progress on the future of COMLEX-USA



The NBOME's Blue Ribbon Panel (BRP) on enhancing COMLEX-USA recently held a productive two-day meeting in early June at NBOME's Corporate Offices in Chicago. The BRP, chaired by Dr. Janice A. Knebl, Vice-chair of the NBOME's Board of Directors, is charged with:

- 1) Assisting the NBOME to outline a plan to implement a two-decision point, competency-based COMLEX-USA that is consistent with our organization's mission.**
- 2) Considering the primary purposes of COMLEX-USA as well as important secondary uses of the examination sequence.**
- 3) Addressing any voids created by moving to a 2-decision point module with the development of additional, osteopathic assessment tools.**

Medical Education – MSUCOM

- What are we doing?

Curricular Activities

- MS1-2: Curricular Transition
- MS3-4: Clerkship Task Force
- Statewide Campus System (SCS)

Health Care - FUTURE?

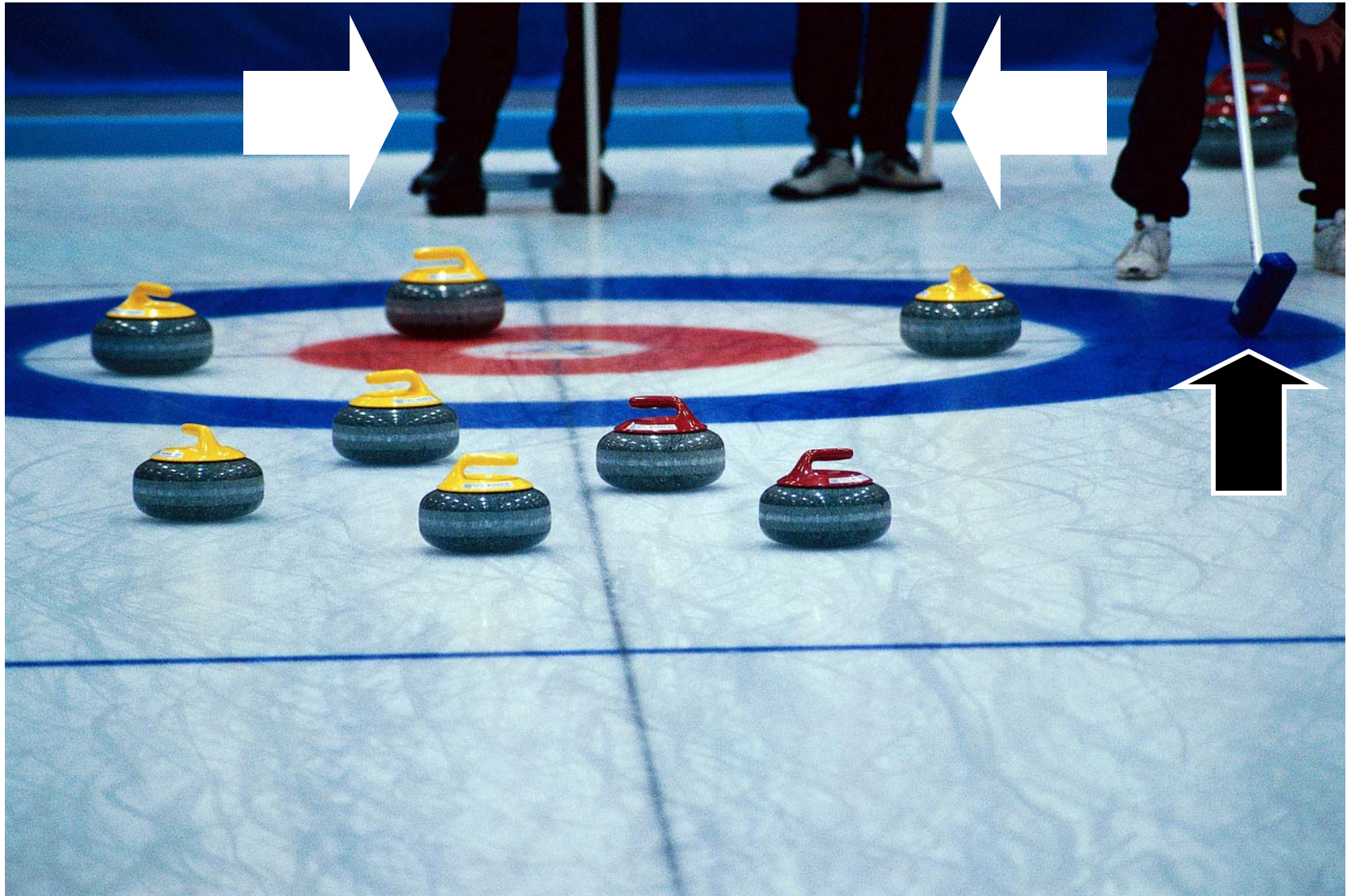




Environmental Scanning



Solution?



Future of Medicine – Drivers

- Social Accountability
- Financing*
- Technology*
- Workforce
- Regulatory Barriers

Future of Medicine – Drivers

Year	ED Visits	Visits / 100
2007	116.8M	39.4
2008	123.8M	41.4
2009	136.0M	45.1

More Insured

* Premium Costs

* Deductibles

Less Preventive Visits

Future of Medicine – Drivers

InQuicker – software (112 hospitals nationwide)

Choose time to visit ED (room is waiting for them)

Increased satisfaction / convenient

Waiting longer to get Rx than be seen in ED

Free to \$14.99 for service

Medical Education – *Evidence*

- Curricular Impact
 - Curricular Model \leq 2%

Medical Education – *Projections*

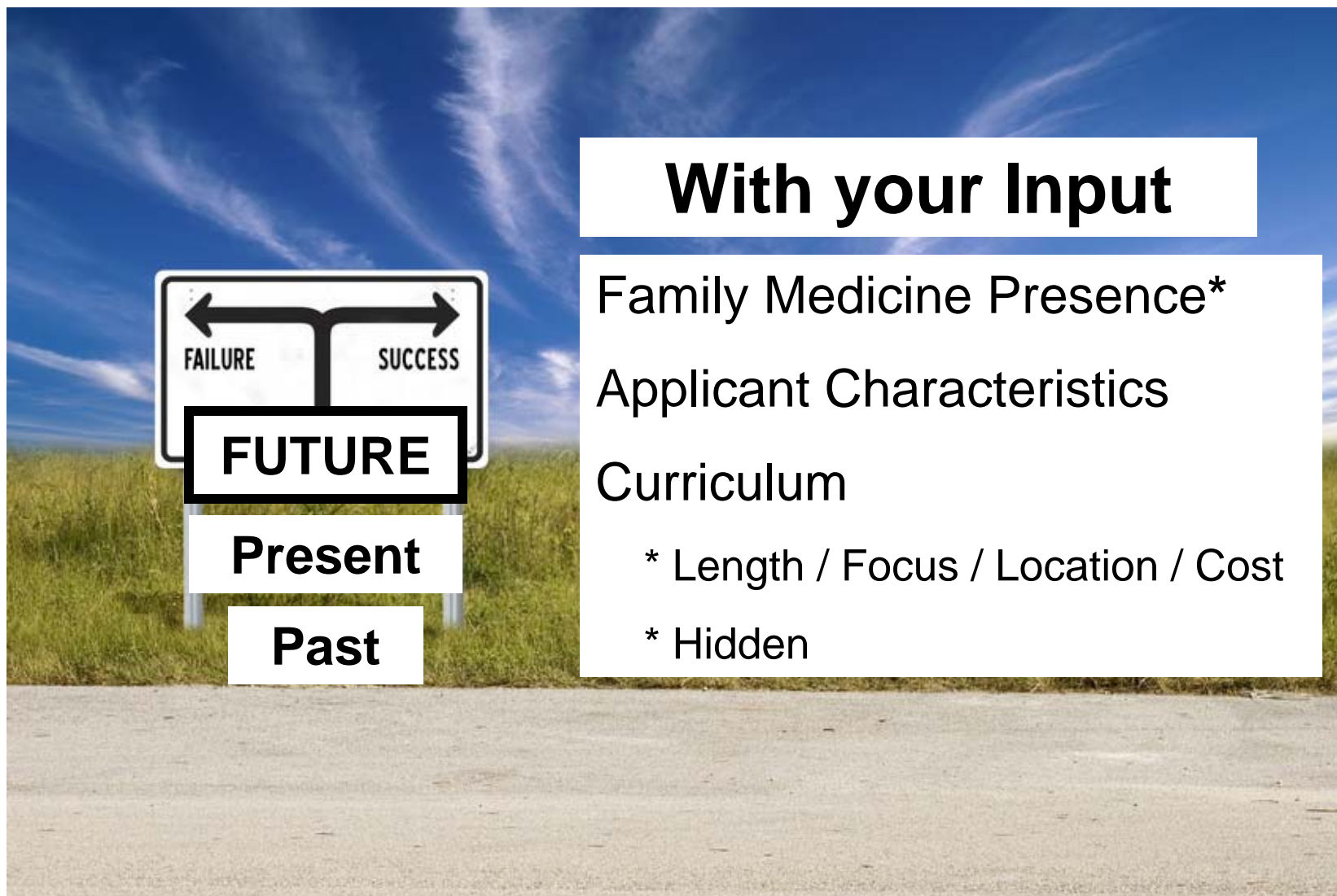
- ***What do you need?***
 - Colleagues ready to enter practice
 - Train hospital; practice in community
 - Colleagues that are flexible
 - Future is changing quickly

Medical Education – Your Role

- **Leadership**

We need you

- From-the-Field Perspective
- Preceptors / Role Models
- Career Development
- Admissions Activities



With your Input

Family Medicine Presence*

Applicant Characteristics

Curriculum

* Length / Focus / Location / Cost

* Hidden

Thank you!

Are there some questions?

Are there some comments?

Are there any requests?