Finding a Faster Route to Practice:
From Medical Student to Board Certified Physician

2010 AACOM Annual Meeting

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Outline

• Graduate Medical Education Considerations

• Analysis of the 3 Year Med School Curriculum

• Osteopathic Internship – Adaptations?
Graduate Medical Education Funding

- Medicare spent $9 Billion for 90,000 residents in more than 1,100 hospitals in 2008
- High variation in amounts of federal funding
  - Tied to Medicare & Research
- $3 Billion in Medicaid spending annually
- Avg hosp revenue per FM resident = $246,688
- FM residencies, from $22,413 to $(232,948)
  - Average Loss = $(38,664)
“3+3” Programs Were Successful

• 12 Family Medicine programs were first
  – Marshall University
  – University of Tennessee
• Attracted motivated students
• All parties were financially content
• All stopped taking applicants in 2001
Combined Years Not Permitted

• “Graduates” terminology
  – Similar state law language

• Texas Tech attempt
  – Tried to start a “3+3” FM program
  – Had support of ABFM, ADFM, AFMRD
  – ACGME declined the proposal in early 2009
  – Group plans to approach LCME with 3yr option
Independent Accelerated Residencies?

• Eventually possible, but doubtful
  — Rewrite AOA and ACGME language
  — Rely on competencies & licensing exams

• Hospitals are a barrier
  — Change flawed financial incentives
    • Change Medicare funding methods
    • Chief residents provide more efficient care at the same low cost to the hospital
Creative Family Medicine Program

• WV Family Medicine Rural Scholars Program
  – 4\textsuperscript{th} yr of med school, student acts as 1\textsuperscript{st} yr resident
  – $10,000 stipend during 4\textsuperscript{th} yr of med school
  – Prestige factor
  – Research year

• Other often Anticipated Residency Benefits
  – Graduate coursework covered (ex: WVU and UK)
  – Malpractice insurance, health insurance, etc.
Residents = Students or Employees?

• US government cannot decide
  – According to the tax code – employees
  – According to Medicare – students

• Residents are more employee than student
  – Residents “employees” should be qualified for board certification exam sooner (not a lock-step process)
  – Better hospital accounting
  – Federal funding should not always be needed
    • Pull funding from those that should be independent
    • Subsidize programs that need funding
3 Yr Med School Curricular Options

• Already used at many schools
  – 2 LCME schools have 3 yr programs for all students
  – 2 LCME schools have innovative curricular options
  – 1 COCA school has a limited enrollment 3 yr program

• COCA (and LCME) requirements are vague
  – 130 weeks of education
  – Clinical requirements focus on primary care
    • These are broad requirements that are very easily satisfied
Duke University School of Medicine

• Year 1 – All basic sciences courses
• Year 2 – All required clinical rotations
• Year 3 – Research or dual degree work
• Year 4 – Entirely elective rotations

• NOT the model for most schools to follow!
  – Consider the varied interests of the graduates
  – Majority Opinion: 2 yrs basic sciences needed
The “Flexible MD” program
– Could graduate in as little as 3.5 years
– No one has used it to leave early, but some have used it to stay more than four years

Good for nontraditional students or those with varied interests

This program should not be viewed as an accelerated model
Calgary / McMaster

• University of Calgary Faculty of Medicine
  – 2 yr basic sciences, 1 yr of clinical rotations
• McMaster University Faculty of Health Sciences
  – 1.5 yr of basic sciences, 1.5 yr of clinical rotations
• 3 yr programs were common in the 1970s
  – In the 1970s, the situation was “flipped”
# 3 Yr Tracks – Compare 70’s to Today

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Lake Erie College of Osteopathic Med

• Primary Care Scholars Pathway
  – Open to 6-12 students in each entering class
  – Contractual Commitment to primary care
  – Students are rewarded financially

• Independent study track is used

• “Audition electives” are removed (32 weeks)

• Rotations begin in spring of 2nd yr
  – Some are used for COMLEX preparation
West Virginia School of Osteopathic Medicine – An Illustrative Example

• (After two standard years of basic sciences) WVSOM students need 55 weeks of rotation coursework to reach the required 130 weeks

• 2 Steps would need to be taken
  – Reword WVSOM Policy E-27 Bullet #2
  – Remove audition rotations from the clinical curriculum, and follow COCA “Substantive Change” “Curriculum Change” procedures

• LECOM Comparison
Are Accelerated Graduates as Good as Standard 4 Year Graduates?

• Yes! As good or *better* according to a study comparing Calgary graduates to those of traditional four year Canadian schools

• Consider....
  – The success of two Canadian schools
  – Duke’s curriculum
  – WV Family Medicine Rural Scholars Program
Osteopathic Internship – Adaptations?

• West Virginia removed the internship requirement in 2009

• Use of internships may increase if...
  – As 3 year med school options increase, it may be used in place of the 4th year of medical school
  – Internships become more customizable
Conclusions

• Only clinical time needs to be reduced
• 3 yr curricular options are...
  – The BEST overall option
  – The ONLY option currently available
  – Flexible, not all students need participate
• 3 yr curricular options allow med schools to...
  – Encourage primary care
  – Become more competitive with admissions
  – Increase student focus on state rotation sites
Questions?