



# Breakout Session 2

## Barriers and Facilitating Factors

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# 1. Meet or Exceed ACGME standards

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
<ul style="list-style-type: none"> <li>-Enhance outcomes</li> <li>-improve Programs</li> <li>-Improve perception</li> </ul>	<ul style="list-style-type: none"> <li>-Programs close</li> <li>-Lose money, members</li> </ul>	<ul style="list-style-type: none"> <li>Lower costs</li> </ul>	<ul style="list-style-type: none"> <li>-Lose public confidence</li> <li>-Inferior product</li> </ul>	<ul style="list-style-type: none"> <li>-Money</li> <li>-Culture of service education</li> <li>-Infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>-Money</li> <li>-Faculty development</li> <li>-Clear plan</li> </ul>

## 2. Maintain OGME for DOs.

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Maintain tight identity	<ul style="list-style-type: none"> <li>-Deny own values</li> <li>-ACGME programs closed to DOs</li> <li>-Lose slots</li> </ul>	<ul style="list-style-type: none"> <li>-Fill our programs</li> <li>-Share philosophy</li> </ul>	<ul style="list-style-type: none"> <li>-Lose slots</li> <li>-Demise of OGME</li> </ul>	<ul style="list-style-type: none"> <li>-Peer pressure</li> <li>-Developing new programs</li> </ul>	<ul style="list-style-type: none"> <li>-ACGME &amp; ABMS recognize OGME</li> <li>-Joint certification</li> </ul>

### 3. Osteopathic research (credibility, outcomes).

+ / +	+ / -	- / +	- / -	<b>Barriers</b>	<b>Facilitate</b>
<ul style="list-style-type: none"> <li>-Improve credibility</li> <li>-Advance knowledge</li> </ul>	Risks (+/-)	-	Stasis	<ul style="list-style-type: none"> <li>-Resources</li> <li>-No focus</li> </ul>	Mission-based research

## 4. Define Osteopathic as it relates to OGME

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
-Help Focus -Improve identity	-	-	-Hemorrhage -Impair healthcare	No consensus (Pogo)	-Demand -Commitment

## 5. Enhance OGME program educational structure

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
<ul style="list-style-type: none"> <li>-Better recruitment</li> <li>-Increased quality</li> </ul>	<ul style="list-style-type: none"> <li>-Increased costs</li> <li>-Increased expectations</li> <li>-Lose slots</li> </ul>	-	<ul style="list-style-type: none"> <li>-Lose credibility</li> <li>-Regression</li> </ul>	<ul style="list-style-type: none"> <li>-Money</li> <li>-Limited leadership numbers</li> </ul>	<ul style="list-style-type: none"> <li>-Money</li> <li>-Faculty development</li> </ul>

## 6. Enhance collaboration between UME and OGME

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
-Better recruitment -Increased quality	-	-	-Regression -Lose credibility	-Insufficient local OGME capacity -Redefining roles/responsibilities	-Money -Increased OGME

## 7. Preserve, protect and expand GME funding

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Meet public Needs	Lose identity	Status Quo	Fewer clerkships	Finances Resources	Increase / expand advocacy constituents

## 8. Guarantee quality of OGME

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Attract trainees	Program reduction	Save \$	Professional demise	Definition of quality	Resource commitment
Better doctors and care	Exposure of profession			Lack of uniform standards / enforcement	Articulated vision

## 9. Identify what we do best...reformulate OGME based upon needs of 21<sup>st</sup> century

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Quality Loyalty Relevance	Lose options/ prestige	Status Quo	No profession  Less access	Resources  Generational issues	Urgency of profession  Connectivity

# 9A. OPTI: needs work; some assets

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
<b>Requires further discussion!!</b>					

## 10. Financial Incentives for Primary Care

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Attract students	Ineffective effort	Committed students will select	Loss of profession's primary care distinction	Current healthcare system	Gather stakeholder support

# 11. Improve perception of primary care during UME

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Enhanced recruitment	Discourage non-primary care	-	Loss of profession's primary care distinction	Current training model	Strong role models

## 12. Advocate for new practice models for primary care

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Opportunity to define osteopathic values for patient centered care	Risk of increased work without increased benefit	-	Someone else will	<ul style="list-style-type: none"> <li>•Funding</li> <li>•Inability to change within health system</li> </ul>	<ul style="list-style-type: none"> <li>•Align stakeholders</li> <li>•Research</li> </ul>

## 13. Support initiatives that enhance the quality of primary care training programs

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
<ul style="list-style-type: none"> <li>• Increase recruitment</li> <li>• Improve competency</li> </ul>	If you enforce quality, potential program/ slot loss	Less cost for programs	Decreased recruitment and program closure	Increased program resource requirements (faculty, equipment, staff)	Society/ student support

## 14. Educate society on the capabilities of primary care physicians

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
Positive healthcare outcomes	Limited capacity to implement	Comfort of status quo	Sacrifice cost, efficiency and quality	<ul style="list-style-type: none"> <li>• Strong resistance to change</li> <li>• Current policy</li> </ul>	True policy change

## 15 Develop a policy for interaction with non-physician providers (PAs, NPs, etc)

+ / +	+ / -	- / +	- / -	Barriers	Facilitate
<ul style="list-style-type: none"> <li>• Clarified roles</li> <li>• Improved working relationships</li> </ul>	Competitive threat	Comfort of status quo	Continued competition	<ul style="list-style-type: none"> <li>• Perceived increased sharing of patient pool competition</li> <li>• Access control/team direction</li> </ul>	Unified policy change