New Opportunities for Osteopathic medical students and Family Medicine residents in Washington, DC

- The ATSU School of Osteopathic Medicine in Arizona Community Medicine Campus at Unity Health Care, Inc. – Washington, DC

Eleni O’Donovan, MD, SM – Local Program Director, Wright-Unity Family Medicine Program in Washington DC - The Family Medicine National Network
AT Still University
School of Osteopathic Medicine at
Arizona (aka ATSU SOMA)

- Created an Innovative Model for Medical Education
- Partnered with National Association of Community Health Centers (NACHC) to deliver early contextual learning experiences in a community-focused environment.
- Clinical and Didactic Education Mix:
  1st year in Arizona: 10% Clinical & 90% Didactics
  2nd year at CHC: 20% Clinical & 80% Didactics
  3rd/4th year at CHC: 90% Clinical & 10% Didactics
- **Alabama**
  - Alabama Medical Education Consortium
- **Flagstaff, Arizona**
  - North County Healthcare
- **Phoenix, Arizona**
  - Adelante Healthcare
- **Tucson, Arizona**
  - El Rio Community Health Center
- **Waianae, Hawaii**
  - Waianae Coast Community Health Center
- **Brooklyn, New York**
  - Lutheran Family Health Care Centers,
- **Mt Orab, Ohio**
  - Healthsource of Ohio
- **Portland, Oregon**
  - Northwest Regional PCA Campus
- **Ridgeland, South Carolina**
  - Beaufort-Jasper-Hampton Comprehensive Health Services, Inc
- **Renton, Washington**
  - Healthpoint
- **Washington, D.C.**
  - Unity Health Care, Inc. (Keisha Robinson, DO – RDME for Unity Campus)
Why place students (and residents for that matter) in community-based settings?

- Contextual learning - Research has shown students learn best when they are learning in a setting where the knowledge is being used versus in a lecture hall.

- Create a clinical training for students that is less fragmented and more representative of the experiences and clinical problems of the patients they serve.

- Earlier exposure to the clinical and administrative team, community resources, public health, etc.

- Training students and residents in underserved, community-based settings creates physicians who are likely to continue to practice in similar settings – workforce development
The Wright Center proudly offers an AOA-accredited, three-year Family Medicine residency which spans six states and two coasts. Made possible by an expansion of our existing Teaching Health Center grant, The Wright Center has moved into Arizona, New York, Ohio, Oregon, Washington and Washington, D.C. Through this innovative consortium model, The Wright Center has found a tangible way to address gaps in residency training today as well as the widening chasm between U.S. health care needs and physician manpower.
National network
The Family Medicine National Network
-a Collaboration-

- The Wright Center for Graduate Medical Education, Scranton, PA
- ATSU School of Osteopathic Medicine, Mesa, AZ
- 6 Community Medicine Training Sites - Arizona, New York, Ohio, Oregon, Washington and Washington, D.C
- Still OPTI – Kirksville, MO
Teaching health centers

- “thc” vs “THC”
- Health Resources & Services Administration
- Affordable Care Act
- Community Health Centers
- Consortium Model
Teaching health center grants (HRSA)

- 11 original programs (only Internal Medicine)
- 22 in second year
- 38 (only one to do a national network)
- 300 FTEs/ 72 approved for TWC
100,000 VOICES
ONE UNITY
2012
Unity Health Care, Inc., is Washington, DC’s largest nonprofit health and social services organization serving more than 100,000 individuals and families annually in all eight wards of the District. Through its network of 29 traditional and non-traditional health care service sites and mobile medical care; Unity provides health care and social services to the most vulnerable residents of the District – including the uninsured, working poor, homeless, the incarcerated and formerly incarcerated
Unity by the Numbers – 2012

Total Patients: 101,613
Total Visits: 548,559
Average Visits per Patient: 5

Unity Health Care Patients
- The working poor and their families, including those who are uninsured: 90%
- Homeless men, women, and children: 10%

Incomes of Unity Health Care Patients
- At or below the poverty level: 67%
- More than 200% of the poverty level: 10%
- 101-200% of the poverty level: 13%
- Unknown: 5%

Insurance Status of Unity Health Care Patients
- Medicaid: 63%
- Uninsured: 5%
- Other public insurance (DC Alliance, Jail): 20%
- Medicare: 6%
- Private insurance: 6%
Unity beyond the 12 health centers...

- Bringing health care to the homeless
  - 2008-2012 - provided care for more than 18,000 homeless patients
  - 650 Unity patients have never gone to a Health Center
- Site-based care
- Outreach care through Unity’s mobile outreach van
- Walking hours
- 5 School Based Health Centers
- Department of Corrections
Curriculum-year 1

- Internal Medicine: 8 weeks
- Critical Care: 4 weeks
- ER: 4 weeks
- OB/GYN: 4 weeks
- Pediatrics: 4 weeks
- General Surgery: 4 weeks
- Ophtho and ENT: 2 weeks each
- Elective+: 4 weeks
- Community Oriented Primary Care*: 12 weeks
Year 2

- Internal Medicine 8 weeks
- Emergency Medicine 4 weeks
- Pediatrics 4 weeks
- OB/GYN 4 weeks
- Ortho/sports med 4 weeks
- General surgery 4 weeks
- Urology 4 weeks
- Elective+ 4 weeks
- Community Oriented Primary Care* 12 weeks
Year 3

- Inpt FM or IM service: 8 weeks
- OB/GYN: 4 weeks
- Pediatrics: 4 weeks
- Pediatric elective: 4 weeks
- Elective: 4 weeks
- Elective+: 4 weeks
- Community oriented primary care*: 20 weeks
  - *Community oriented primary care must include 100 hours of geriatrics – which may be met by home care, nursing home visits, or others.
- Must also include 20 hours of practice management.
CONTINUITY CLINIC

- PGY1 - 3 SESSIONS A WEEK
- PGY2 - 4 SESSIONS A WEEK
- PGY3 - 4-5 SESSIONS A WEEK
- 150 PATIENTS IN THE FIRST YEAR/ 1650 BY END OF 3 YEARS
- CONTINUITY PANELS OF ABOUT 200-250 PATIENTS
Becoming great outpatient primary care doctors despite...

- Negative experiences in medical school – “searching for my people”
- Emphasis on inpatient training during residency – clinic as an afterthought
- Little experience in systems-based practice, billing and coding, practice improvement, QI, PCMH, population management/public health, etc. during training
The million-dollar question: What’s an MD doing running an osteopathic residency?

- Residents are “signed off” on several core modalities and can practice “independently” within this scope.
- Developing an OMM monthly clinic within Unity
- THE BIG ASK – WE NEED COMMUNITY-BASED LEARNING EXPERIENCES IN OMM FOR OUR RESIDENTS!!
- Mentorship
- OB, Pediatrics
Transformational osteopathic medical education in the Nation’s Capital...

QUESTIONS?