

# Osteopathic Training in The VA System

Since the Advent of the Viet Nam war Osteopathic Physicians have played an increasingly important role in the Military healthcare system with Physicians Enlistees participating in a progressively disproportionate responsibility for healthcare for our serviceman and women in the United States.

The Profession takes great pride in our military and the sacrifices they have made. In this, the American Osteopathic Association feels strongly we should play a role vital in the health care of the armed forces, and also with those who serve if in their times to follow.

Medical students provide a hearty source of academic posture which vitalize their staff counterparts and enhance patient care and patient experience. The role of a medical student thus is thus not parasitic but symbiotic.

The last decade has found American trained students in an increasingly contracted healthcare academic delivery environment.

Our proposal would be to arrange an academic, contractual relationship with the VA System on a national scale which would provide high level Medical students, all of whom have completed Part I of the boards and who would engage in the VA system as a Whole.

We would agree to provide students from around the United States and would be responsible for their presence, behavior, and provide a uniform platform upon which their training would commence.

Given the distinction in governance of the Osteopathic profession as an organization, with regard to its relationship to their colleges of medicine, an agreement could be crafted which would provide a fixed and constant workforce minimal or no cost.

We would provide a number of students of which we would agree, and they would be at their posts each month and a schedule would be applied which would include on call, the appropriate number of patients which would benefit the patient population, and enhance the workload experience of the VA personnel. We will apply established standards to mitigate against undue burdens on both sides.

Our hope would be a relationship which will provide high level staffing for patients in a time of fiscal contraction. Our fervent belief is that setting will provide the students with a lifelong understanding of both the medical problems which are many times unique and the dynamic issues which Veterans face.

We provide students arrange transportation in potentially all 50 states. Taken on a large scale; there could be between 1000 and 2500 OMS rotating/month at a VA institutions.

Rotations could be set up in internal medicine, psychiatry and/or addiction medicine as well as others, depending upon the programs in place at the individual VA. We will need to further discuss details of housing etc. If It Is available this would greatly enhance the programing and facilitate an seamless start to the program.

We should also add aside from the basic platform an elective program for students who wish to do other rotations

we can ask for all VA institutions to partner with our COMs.

The VA has been noted to profound need of primary care physicians.

The Colleges of Osteopathic Medicine are in need of training slots for 3rd and 4th year osteopathic medical students (OMS). Those OMS are primary care oriented and could eventually feed the workforce need of the VA.

This would provide a mutually synergistic aim: to provide quality healthcare to VA patients and quality rotations to OMS, and potentially seed the next generation of physicians into the VA.

We would arrange for AOIA to coordinate these rotations and would take complete responsibility for their actions .

The rotations would be guaranteed by all COMs participating and we will provide continuous monitoring for the VA institutions.

#### References

**1**

*Osteopathic physicians for military service: hearing before the Committee on Military Affairs.* 65th Cong, 2nd sess ( 1918) (testimony of George W. Riley, DO).

**2**

Pub L No. 65-12, 40 Stat 76.

**3**

Swope C. Public relations committee: selective compulsory military training and service bill. *J Am Osteopath Assoc.* 1941;*40*(1):16-17.

**4**

Willard A. Where our students come from. *J Am Osteopath Assoc.* 1947;*46*:313.

Clinical Care • In FY 2011, 70 percent of VA physicians (20,527) had a faculty appointment at a U.S. medical school.<sup>2</sup> • In FY 2012, AAMC-member VA teaching hospitals (37 percent of all VA hospitals) accounted for 50 percent of the total admissions at all VA hospitals, 51 percent of the total inpatient days, and 49 percent of the emergency visits. They also performed 41 percent

of the total surgeries at VA hospitals.<sup>3</sup> • In FY 2007, the Veterans Health Administration reported 669 noncompetitive clinical sharing agreements (i.e., sole source contracts) with affiliated institutions, including medical schools and teaching hospitals, to provide care for veterans outside of the VA valued at \$575 million.<sup>4</sup> Research With an annual budget of nearly \$590 million,<sup>5</sup> the VA Office of Research and Development sponsors veteran-centric research on numerous topics, including post-traumatic stress disorder, traumatic brain injury, and prosthetics.

VA researchers have joint appointments at VA hospitals and medical schools. Recent studies include: •

Sophisticated VA-invented eye-tracking tests to determine a method that could provide physicians with a simpler and more accurate way to diagnose Parkinson's disease. •

A recent VA-sponsored trial for a drug that provided relief for veterans from Operations Iraqi Freedom, Enduring Freedom, and New Dawn who were suffering from nightmares. •

The Million Veteran Program, which was launched in 2011 to recruit a million veterans to collect data on genetics, lifestyle, and health. This information will help clinicians better understand how genetic factors contribute to conditions like post-traumatic stress disorder and traumatic brain injury.

1 FY2015 VA Budget Submission Volume 11 Medical Programs and Information Technology Programs, <http://www.va.gov/budget/docs/summary/Fy2015-VolumeII-MedicalProgramsAndInformationTechnology.pdf> 2

Annual Report of Residency Training Programs (ARRTP) database, estimate provided by the VA Office of Academic Associations (OAA) 3 AAMC Data Book:

Medical Schools and Teaching Hospitals by the Numbers 4 2008 Office of Inspector General (OIG) Audit of VHA Noncompetitive Clinical Sharing Agreements 5 Friends of VA Medical Care and Health Research Recommendations for FY2015, <http://www.friendsofva.org/resources/2014/2015fofarecommendations.pdf>.

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