Written Testimony For the Record
on behalf of the
American Association of Colleges of Osteopathic Medicine

Senate Committee on Health, Education, Labor, and Pensions
Hearing Entitled:

"Examining Health Care Workforce Shortages: Where Do We Go From Here?"

February 16, 2023

Chairman Sanders, Ranking Member Cassidy, and esteemed Committee members, as you examine our nation's healthcare workforce shortages, especially in underserved and rural communities, the American Association of Colleges of Osteopathic Medicine (AACOM) believes that the physicians trained at our nation's colleges of osteopathic medicine (COMs) are an important part of the solution. We commend you for holding today's hearing and appreciate you permitting AACOM to offer this written testimony for the record. Please know we stand ready to work with you and your Senate colleagues to advance policies and programs that will help ensure our nation has the healthcare workforce we need for the patients of today and tomorrow.

About AACOM and Osteopathic Medicine

AACOM is the leading advocate for the full continuum of osteopathic medical education (OME) to improve public health. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents 38 accredited colleges of osteopathic medicine—educating more than 35,000 future physicians, 25 percent of all U.S. medical students—at 62 teaching locations in 35 states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

Osteopathic medicine confers all the benefits of modern medicine, including prescription drugs, surgery and the use of technology to diagnose and treat disease and injury. Osteopathic medicine also offers the added benefit of hands-on diagnosis and treatment of conditions through a system known as osteopathic manipulative medicine. Doctors of Osteopathic Medicine (DOs) are trained from day one in medical school to take a holistic approach when treating patients, focusing on the integrated nature of the various organ systems and the body's incredible capacity for self-healing. DOs are licensed in all fifty U.S. states to practice medicine, perform surgery and prescribe medications.

The osteopathic medical tradition holds that a strong foundation as a generalist makes one a better physician, regardless of one's ultimate practice specialty—which is the reason why more

than half of DOs currently practice in primary care.[1] More than 7,300 DOs were added to the U.S. physician workforce in 2022, adding to the 141,000 DOs currently in practice.[2]

Osteopathic Physicians Play a Significant Role in Addressing Shortages and Expanding Access to Care

The osteopathic profession is growing at a rapid pace, with more than 11 percent of all physicians in the U.S. holding a DO degree.[3] Indeed, the Bureau of Labor Statistics cites osteopathic medicine as being the fastest growing medical field. More than 25 percent of U.S. medical students are enrolled in colleges of osteopathic medicine (COMs)—an amount that is expected to grow to 30% by 2030--continuing the increase in DOs and osteopathic medical students over the past decade of 81 percent.[4]

Furthermore, osteopathic physicians comprise one of the youngest segments of the healthcare workforce. As we know too well, the COVID-19 pandemic has left a devastating impact on the medical field. Many physicians opted to retire early or left the practice of medicine temporarily and permanently due to stress and burnout. The field of osteopathic medicine, thankfully, is working to plug the gaps in the workforce created by the pandemic. Two-thirds of actively practicing DOs, more than 82,000 physicians, are under the age of 45, and 35 percent of DOs are under the age of 35.[5] Osteopathic medicine is building a young, dynamic and resilient workforce that is helping meet the health system challenges we face today.

Healthcare worker and physician shortages have impacted virtually every community across the nation; however, some communities felt the effects of the shortages much more acutely than others. For people living in rural areas of the U.S., staff shortages do not just lead to longer wait times for appointments, they can lead to the closing of doctors' offices and clinics, which for many people living in these rural regions are the only source of healthcare providers for miles. In the event of medical emergencies, residents of rural communities may have to wait hours for ambulances or travel hundreds of miles just to see a doctor. These long wait times are not just inconvenient, they can be the difference between life and death. Sadly, healthcare worker and physician shortages are not new for rural communities; they have only been exacerbated by the pandemic.

In general, rural communities tend to have fewer physicians, nurses, specialists and other healthcare workers and the loss of even a single healthcare provider can have a devastating

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[1] National Resident Matching Program, 2021 Main Residency Match, available at https://www.nrmp.org/wp-content/uploads/2021/08/Advance-Data-Tables-2021_Final.pdf
[2] American Osteopathic Association, 2022 report tracks increased growth in the osteopathic profession, available at https://osteopathic.org/about/aoa-statistics/
[3] American Osteopathic Association, What is a DO?, available at https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-do/#:~:text=Accounting%20for%20approximately%2011%25%20of,get%20healthy%20and%20stay%20well.
[4] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/
[5] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/

effect.[6] Twenty percent of our country's population resides in rural areas, and they tend to have worse health outcomes than their urban or suburban counterparts.[7] Rural Americans are often poorer, have a higher uninsured rate and suffer from more chronic health conditions than their suburban counterparts. Additionally, rural communities are routinely situated in remote areas with little to no economic infrastructure, making it difficult to attract and retain medical talent.[8] These vulnerable communities have a dire need for healthcare providers, yet only 11 percent of physicians choose to practice in rural areas.[9] The physicians who do practice in rural areas tend to be older, work longer hours, see a greater number of patients and perform a greater variety of procedures than their counterparts who practice in urban settings.[10] This strain on rural physicians increases the likelihood they will experience burnout and leave the practice of medicine. Of note, 28.9 percent of physicians practicing in remote rural communities are over the age of 56, which illustrates the need to generate a significant number of younger practitioners to take their place when they retire.[11]

Serving rural and underserved populations is a key pillar of AACOM and our member schools. While large academic medical centers represent only five percent of all hospitals in the U.S.[12] and only 20 percent of all hospital admissions, surgical operations and outpatient visits, community-based hospitals and facilities provide the overwhelming majority of health care.[13] That is why AACOM and its member institutions have made a concerted effort to promote training in diverse healthcare settings, such as community hospitals and healthcare facilities located in rural parts of the country. Of AACOM's osteopathic medical schools, 60 percent are located in a federally designated Health Professional Shortage Area (HPSA), and 64 percent of our colleges require clinical rotations in rural and underserved communities. Our research shows that the location of medical education and residency training directly impacts practice location, so the osteopathic rural training model leads to more physicians in these underserved areas.

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[6] National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US

[7] American Hospital Association, Rural Report: Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care, available at https://www.aha.org/system/files/2019-02/rural-report-2019.pdf

[8] National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US

[9] The Association of American Medical Colleges, Attracting the next generation of physicians to rural medicine, available at https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine

[10] National Rural Health Association Policy Brief, Health Care Workforce Distribution and Shortage Issues in Rural America, available at https://www.ruralhealth.us/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US

[11] University of Washington, The Aging of the Primary Care Workforce: Are Rural Locations Vulnerable?, available at https://depts.washington.edu/uwrhrc/uploads/Aging_MDs_PB.pdf

[12] Association of American Medical Colleges, Letter to Senators Patty Murray and Richard Burr, June 30, 2021, available at https://www.aamc.org/media/55191/download?attachment

[13] Burke LG, Frakt AB, Khullar D, Orav EJ, Jha AK. Association Between Teaching Status and Mortality in US Hospitals. *JAMA*. 2017;317(20):2105–2113. doi:10.1001/jama.2017.5702

Training medical students in rural communities has been shown to mitigate chronic and acute shortages in these areas. Nearly half of graduating 2020-2021 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 49 percent plan to practice in a rural community.[14] Significantly, more than 73 percent of DOs practice in the state where they do their residency training, and that number rises to 86 percent when they do both medical school and residency in the state.

Moreover, most medical students graduating with a DO degree are opting to practice primary care. In 2022, 55.1 percent of senior DO medical students in the U.S. went into primary care, compared to only 40.6 percent of MD seniors. All in all, 57% of DOs practice in primary care, including family medicine, internal medicine and pediatrics.[15] DOs have increased access to many underserved populations by providing primary care to rural populations.

AACOM Policy Recommendations

Osteopathic medicine has a blueprint for success in combatting the physician workforce shortages that plague our country's healthcare system. While AACOM is working hard to solve this problem, we can't do it alone. Public-private partnerships and the involvement of all stakeholders are essential to meeting this challenge. To that end, we respectfully offer several recommendations for Congress to address health workforce shortages.

First, AACOM encourages Congress to increase the funding for and number of Graduate Medical Education (GME) positions, prioritizing development in rural and underserved areas. GME is the pathway for DOs and MDs to gain experience and hone their clinical skills. Current funding levels for GME are not sufficient to address the shortages faced by hospitals, doctors' offices and clinics throughout the nation, especially in rural communities. Congress needs to grow the number of residency positions and modify policies to allow GME funding to flow to rural and underserved areas.

AACOM strongly urges Congress to implement policies that leverage all available physicians by ensuring that DOs and MDs have equal access to federally funded GME programs. At least 32 percent of residency program directors never or seldom interview DO candidates, and of those that do, at least 56 percent require them to take the MD licensing exam.[16] The demands of medical school are arduous, and osteopathic students should not be subjected to the emotional and financial strain of a second exam, which is in excess of physician licensure requirements. Moreover, these burdensome and unnecessary practices thwart the development of osteopathic physicians, which in turn contribute to the nation's doctor shortage, especially in rural and underserved areas. Congress should pass legislation that opens all

[14] American Association of Colleges of Osteopathic Medicine, 2020-2021 Academic Year Graduating Seniors Survey Summary Report, available at https://www.aacom.org/searches/reports/report/2020-2021-academic-year-graduating-seniors-survey-summary-report
[15] American Osteopathic Association, OMP Report, available at https://osteopathic.org/about/aoa-statistics/
[16] National Residency Matching Program, 2022 Program Director Survey, available at https://www.nrmp.org/match-data-analytics/residency-data-reports/

federally funded residency programs to DOs and accepts the osteopathic medical exam, COMLEX-USA.

AACOM calls on Congress to provide permanent funding for the Teaching Health Center Graduate Medical Education (THCGME) Program. This vital program trains students in outpatient settings, such as Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and tribal health centers. THCGME Program training sites prioritize care for high-need communities and vulnerable populations, with over half located in Medically Underserved Communities. The program is important to the osteopathic community as there were 460 DO residents training in a THC – 60 percent of all THCGME residents--in 2021. THCs struggle to plan based on annual appropriations, which frustrates the growth and development of new and existing programs. Permanent robust funding is needed to strengthen the THCGME program and establish a healthy infrastructure for physician training in outpatient settings.

AACOM recommends Congress expands funding and support for community-based training models, including clinical rotations and new residency slots in rural and underserved communities. Federal funding for medical education prioritizes large academic health centers. However, these institutions only provide 20% of all medical care. It is critical that more training occurs in local community-based settings, such as RHCs, FQHCs, Rural Emergency Hospitals, local health clinics and physician offices. To achieve this, Congress must modify existing funding streams and establish new programs to support community-based training. These programs should prioritize the growth and development of community-based clinical rotations and GME funded residency positions. Osteopathic medicine has created a system of training physicians in community settings that results in greater access to healthcare in underserved areas but the model requires enhanced federal investment and support.

Finally, AACOM joins with our colleagues in the health community and asks Congress to increase funding for Title VII programs. Currently, Title VII is the only source of federal dollars that promotes the practice of primary care in rural and underserved communities. Its vital programs offer a lifeline to medical students facing financial barriers and underserved communities afflicted by physician shortages.

Conclusion

On behalf of the 62 osteopathic medical school campuses and the 35,000 medical students they serve, thank you for your consideration of our views and recommendations. Again, we are eager to be a resource as you examine and consider solutions to the nation's shortage of physicians and other healthcare professionals. Colleges of osteopathic medicine and their graduates have a long-standing commitment to serving the needs of rural and underserved communities and training primary care physicians. Please do not hesitate to call upon us if we can be of assistance as you seek to address this nationally-important access to care concern.