

SUBJECT: Maintaining the Integrity of the UNTHSC/TCOM
for Granting DO Degree

SUBMITTED BY: Texas Society of the ACOFP

REFERRED TO: 2009 ACOFP Congress of Delegates

RESOLUTION NO. 11

- 1 WHEREAS, the administration of the University of North Texas has initiated an investigation
2 into the possibility of granting the degree of Doctor of Medicine (MD) in addition to
3 Doctor of Osteopathic Medicine (DO) through the University of North Texas Health
4 Science Center; and
- 5 WHEREAS, this process is being considered in order to improve the teaching venues available
6 to the students and graduates of the University of North Texas Health Science Center;
7 and
- 8 WHEREAS, this study group has only had only one survey posted with responses to a number
9 of local business and community leaders, several osteopathic physicians, and several of
10 the Texas state and local osteopathic associations; and
- 11 WHEREAS, the report to date has been posted on the web site for University of North Texas
12 Health Science Center Texas College of Osteopathic Medicine (UNTHSC/TCOM)
13 (<http://www.hsc.unt.edu/>); and
- 14 WHEREAS, this report lacks many documented facts about the comparison of osteopathic
15 physicians to allopathic physicians in terms of graduates in primary care, costs in savings
16 to patients, costs in morbidity and mortality, and access to care; and
- 17 WHEREAS, the Texas College of Osteopathic Medicine (TCOM) is a premier osteopathic
18 medical college that has ranked in the top 50 of all MD and DO colleges and universities
19 for the past seven years in graduating primary care physicians (*U.S. News and World
20 Report*), a fact that no other allopathic college of medicine in Texas has achieved; and of
21 the eight schools and colleges of medicine in Texas, TCOM is the only college of
22 osteopathic medicine (COM); and
- 23 WHEREAS, the Texas Higher Education Coordinating Board reports from its own study of
24 September 2008 that startup costs for a new U.S. Medical school (based on 60 students)
25 is \$92 million, with no promises from graduates to stay in state after they graduate, with
26 figures including costs for administration, staff, faculty, and additional class and building
27 space; and

28 WHEREAS, the Texas Medical Board (TMB) reveals that only 28-42 % of Texas MD graduates
29 go into primary care (depending on the COM), yet 67-74% of TCOM DO graduates go
30 into primary care (see attachment A); and

31 WHEREAS, the Commonwealth Fund Report authored by Barbara Starfield in 2006, updating
32 the original 1999 report, gives evidence that adults who have a primary care physician
33 have 33% less cost of care, and a 19% less mortality (i.e. are less likely to die
34 prematurely), and this report also indicates that patients who have a primary care
35 physician is consistently associated with improved health outcomes, and in the United
36 States an increase of 1 (one) primary care physician is associated with 1.44 fewer deaths
37 per 10,000; and

38 WHEREAS, a white paper from the American College of Physicians (ACP) 2008, entitled “How
39 is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical
40 Care?” reveals that a dramatic decline is occurring in the number of graduating medical
41 (MD) students entering primary care; and, that a 2007 survey of 4th year medical students
42 reveals only 2% of students intended to pursue careers in general internal medicine; and

43 WHEREAS, in this same report from the ACP, the authors found that by increasing the number
44 of primary care physicians by 1 per 10,000 population was associated with a reduction in
45 overall spending of \$684 per Medicare beneficiary, and an increase of 1 specialist per
46 10,000 population increased spending of \$526 per Medicare beneficiary; and

47 WHEREAS, the report Code Red: The Critical Condition of Texas Health was jointly conceived
48 by the Task Force consortium of The University of Texas System with ten academic
49 health institutions (including UNTHSC//TCOM), and members from small and large
50 business employees, health care providers, insurers and consumers was published in
51 2006, which reveals Texas faces an impending crisis regarding the health of its
52 population that will profoundly influence the state’s competitive position nationally and
53 globally; that the health of Texas, economically, educationally, culturally and socially
54 depends on the physical and mental health of its population; and that the quality of life
55 for individual Texans and the communities in which they live depends critically upon
56 health status, based on the fact that Texas has an inadequate number of physicians, the
57 national average is 220 direct (primary) care physicians per 100,000 people, and Texas
58 averages only 152 primary care physicians per 100,000; and

59 WHEREAS, a special communication authored by Miller, Hooker and Mains, entitled
60 “Characteristics of Osteopathic Physicians Choosing to Practice Rural Primary Care,”
61 from *JAOA* May 2006, revealed that male osteopathic physicians were 2.3 times more
62 likely than all other physician groups to practice rural primary care, and also revealed that
63 female osteopathic physicians to choose primary care as a specialty and were 2.5 times
64 more likely than female allopathic physicians to practice primary care in a rural location,
65 and that most physicians in Texas are located in metropolitan areas, of 39,595 licensed
66 physicians (all categories) with Texas addresses, 37,434 were located within one of the
67 27 metropolitan statistical areas, that only 3% (994) of Texas physicians were located in
68 nonmetropolitan areas that are not adjacent to metropolitan areas, and that of the 11,884
69 Texas physicians who met the study criteria and practiced primary care, 1123 were
70 osteopathic physicians, that female (70%) and male (57%) osteopathic physicians
71 practiced in primary care fields, and in comparison, less than half of female and a third of
72 male allopathic physicians were in primary care; and

73 WHEREAS, in this same communication from Miller, Hooker and Mains, that there continues to
74 be disparities in access to healthcare in the United States, especially evident for rural and
75 other underserved communities, and that osteopathic medicine has emerged as one of few
76 consistent remedies for these inequities, and that in contrast with allopathic physicians,
77 most osteopathic physicians choose primary care specialties, and furthermore, the
78 literature suggests that osteopathic physicians practice in rural areas relatively more than
79 their allopathic colleagues; and

80 WHEREAS, an article by Benjamin Brewer, M.D., from Jan 2009, relates that decades of
81 research have shown that good primary care reduces costs and improves outcomes, yet
82 this is a blind spot as the biggest flaw in the healthcare system, and that an adequately
83 funded system of primary care is the key to adequate healthcare; now, therefore be it,

84 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFFP) Congress
85 of Delegates goes on record for maintaining the integrity of the University of North
86 Texas Health Science Center and the Texas College of Osteopathic Medicine by
87 preserving it as an exclusively Osteopathic institution so that all medical graduates are
88 Osteopathic physicians which will benefit the State of Texas and the health of our nation,
89 and, be it further,

90 RESOLVED, that letters from the President and Board of Governors of ACOFP are to be sent to
91 the current University of North Texas (UNT) Chancellor, the UNT Board of Regents, and
92 the current President at UNTHSC/TCOM reflective of this resolution; and, be it further,

93 RESOLVED, that this resolution be forwarded to the American Osteopathic Association House
94 of Delegates for consideration and action.

ACTION: ADOPTED – March 4, 2009

References:

<http://www.hsc.unt.edu> Study Group Document: MD Degree Assessment UNT Health Science Center

<http://www.acponline.org/> How Is A Shortage Of Primary Care Physicians Affecting The Quality And Cost Of Medical Care? A Comprehensive Evidence Review. A White Paper Of The American College Of Physicians

<http://www.ncbi.nlm.nih.gov/pubmed/15769797> The effects of specialist supply on populations' health: assessing the evidence. Barbara Starfield, Leiyu Shi, Atul Grover, James Macinko

<http://www.coderedtxas.org/> Code Red: The Critical Condition Of Health In Texas

<http://www.theccb.state.tx.us/Agency/Topics.cfm> Overview Basic Steps To Start A New Medical School

<http://www.jaoa.org/> “Characteristics of Osteopathic Physicians Choosing to Practice Rural Primary Care”, from JAOA May 2006, by Miller, Hooker and Mains

ATTACHMENT A

Medical School Graduates Practicing Primary Care in Texas Source: Legislative Appropriations Requests submitted to the State Legislature

	Exp 2007	Exp 2008	Exp 2009	Exp 2010	Exp 2011
UNTHSC	67.50%	68.00%	70.50%	70.00%	70.00%
TTUHSC	41.58%	50.00%	40.00%	40.00%	40.00%
UTMB	23.06%	28.00%	28.00%	28.00%	28.00%
TAMUHSC	36.30%	38.00%	38.00%	38.00%	38.00%
UTSAHSC	26.31%	25.50%	24.75%	25.00%	25.00%
UTHHSC* (2008-2009 LAR)	40.00%	42.00%	42.00%		
UTSWMC* (2008-2009 LAR)	27.50%	27.50%	27.50%		
TTUHSC El Paso	41.58%	40.00%	40.00%	40.00%	40.00%

Baylor College of Medicine is a private institution and does not submit a Legislative Appropriations Request to the State of Texas.

Texas Higher Education Coordinating Board report:

The average *Percent of Medical School Graduates Practicing Primary Care in Texas* decreased by six percentage points in fiscal year 2007 from fiscal year 2006. UTSWMC, TAMUHSC, UNTHSC, and TTUHSC met or exceeded their respective targets. UTMB, UTHSC–H, and UTHSC–SA did not meet their targets. According to UTMB, because of restraints placed on primary care physicians by insurance companies and reduced reimbursement for Medicare and Medicaid patients, fewer residents chose primary care as their practice of choice. UTHSC–H did not meet its target of 40 percent because of a trend of medical school graduates with a declining interest in careers as primary care physicians. UTHSC–Tyler and UTMDACC do not have medical school programs.