

Myth vs. Fact

Debunking Osteopathic Myths – Setting the Record Straight

Myth 1:

There is no longer a need for Family Physicians.

Fact: There is a need for family physicians. The National Committee for Quality Assurance reported that adding one family physician per 10,000 people has been associated with 70 fewer deaths per 100,000 people, equaling a 9 percent reduction in mortality. A 20 percent increase in specialist care has been associated with an increased cost of \$526 per person that resulted in a 2 percent increase in mortality per 100,000 people.

With the 2009 institution of President Obama, the pendulum swings back towards making family medicine a medical home. There is major emphasis on increasing the number of medical students to choose osteopathic family medicine as their profession. The US Government feels strongly to implement more loan repayment programs for those that choose family medicine and to provide an increased salary to Family Medicine Physicians.

Myth 2:

Osteopathic Family Physicians are not paid very well.

Fact: Osteopathic family physicians are paid a respectable salary. In the latest literature from Physicians Workforce Magazine, President Obama's Cabinet feels the US is in need of more Family Medicine Physicians. There will be a focus on increase in pay for Primary Care Physicians. According to the 2008 Medical Economics Exclusive Survey, family physicians' total compensation advanced 5 percent; the median incomes of general practitioners, internists, and OB/Gyns dipped slightly compared to prior year statistics.

The MGMA's data shows that primary care physicians earned 6.3 percent more than they did in 2006. That's twice the rate of increase for specialists. Similarly, Merritt Hawkins & Associates, a physician recruiting firm in Irving, Texas saw a significant rise in starting salaries for family physicians in 2007. In 2007, the median compensation for family physicians in groups of three to 10 totaled \$237,500.

Myth 3:

Allopathic family medicine residency programs are of higher quality than osteopathic family medicine residency programs.

Fact: Osteopathic family medicine residencies are equal to, or better than, allopathic programs. The ACOFP is the largest college within the AOA. Osteopathic medical education has a heritage of producing wonderfully trained family physicians. It is this tradition that exemplifies why Osteopathic Family Medicine Residencies produce better trained family physicians than allopathic institutions.

Osteopathic residencies are required by the basic standards to train residents in more office procedures along with OMT. Didactic requirements are also extensive. Family medicine is primarily office-based and osteopathic residencies require continuity clinics to prepare the resident for all facets of an office practice. Not only will the resident have their own panel of patients, they will learn the business side of medicine. At the end of the osteopathic residency, one will be qualified and able to enter the work force as a fully trained family physician.

Myth 4:

Osteopathic Family Physicians cannot specialize.

Fact: Osteopathic family physicians are specialists but can also subspecialize. Within family medicine there are Certificates of Added Qualifications (CAQ's) and Fellowships available in addiction medicine, adolescent medicine, geriatric medicine, palliative medicine, sports medicine, etc. You can participate in family practice dual programs such as Family Practice Integrated with Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine and Family Practice/Emergency Medicine. In addition, these options allow you to customize your practice to suit your medical interests.

Myth 5:

To be an Osteopathic Family Physician, you have to be a rural doctor.

Fact: Osteopathic family physicians are not all rural doctors. The breakdown of membership in the American College of Osteopathic Family Physicians is 28 percent rurally located and 66.7 percent practicing in a suburban/urban location.

Myth 6:

Non-Physician Primary Care Professionals such as Physician Assistants (PA) and Nurses (NP) are going to relegate Family Physicians obsolete.

Fact: Family physicians will not become obsolete. According to the principles, patient-centered medical homes, only a physician can direct a medical home. PAs and NPs can participate as part of a medical home team but cannot, direct or lead the team.

"Both PAs and NPs have considerably less education and training than a family physician. As a result PAs and NPs, in my experience, do more tests, and make more referrals to specialists than a trained family doc. Why? Because they don't have the clinical knowledge base that an FP has and so must rely on tests and specialist to make a diagnosis rather than relying on their own clinical skills. This fact is recognized in the NCQA Medical Home rules." Kevin de Regnier, DO, FACOFP.

Myth 7:

Osteopathic Family Physicians will not be able to pay back their student loans.

Fact: Osteopathic family physicians are able to pay off their student loans. The federal government, private hospitals and individual clinics offer loan forgiveness programs for your student loans such as: national medical loan repayment programs, non-governmental programs, military programs, state programs, and the national association of community health centers.

Myth 8:

A Doctor of Osteopathic Medicine degree does not qualify you to be hired by large medical institutions.

Fact: A Doctor of Osteopathic Medicine degree does qualify you to be hired by large institutions. Many osteopathic family physicians are not only hired by large institutions but they hold high level positions. Osteopathic physicians are an important part of Cleveland Clinic's professional staff. Of the more than 1,500 physicians employed at Cleveland Clinic, about 100 are osteopathic physicians. A former surgeon general of the U.S. Army was an osteopathic physician. The current command surgeon of the U.S. Central Command is an osteopathic physician. The U.S. Coast Guard's chief medical officer and director of health and safety is also an osteopathic physician.

Many osteopathic physicians have participated in the Olympics as chief medical officers or team physicians for such sports as: Skiing and Snowboarding, Figure Skating, Boxing, Water Polo and Weightlifting. It is also not unusual to find an osteopathic physician as the team physician for professional and or college sports teams. Osteopathic physicians have worked with such teams as: Michigan State University Spartans, Virginia Tech Hokies, Purdue University Boilermakers, San Antonio Spurs, Phoenix Suns, and Seattle Mariners.

Myth 9:

OMT is not required at every AOA residency program.

Fact: The Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment states that Osteopathic Manipulative Techniques are a standard AOA residency program requirement. If you attend an allopathic program, you will not be able to fully utilize your Osteopathic Manipulative Medicine (OMM) skills.

The examination for Primary Certification in Family Practice contains an OMT practical portion. The practical requires each candidate to diagnose a case and demonstrate osteopathic manipulative treatment. Recertification is required every eight years.

Myth 10:

Osteopathic Family Physicians do not deliver babies.

Fact: Osteopathic family physicians deliver babies and regularly participate in total and partial pre-natal care of Obstetrical Patients. Ten percent of ACOFP members say they do OB in their practices. Just as 40 percent of the ERs in the United States could not function without family doctors, most rural hospitals could not function without osteopathic and allopathic family physicians providing OB/Gyn care. There are osteopathic family doctors that provide obstetrical coverage in large cities, but it remains at the hospitals decision to allow surgical intervention privileges for family physicians. Most hospitals now require a one-year fellowship, but are willing to nearly double the starting salary of a family physician with that fellowship. Rural hospitals are more open because of critical access issues and a few osteopathic family physicians may have surgical privileges without the one-year fellowship.