

American Osteopathic Association

Statement of Healthcare Policies and Principles

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AOA HEALTH POLICY STATEMENT

Statement of Healthcare Policies and Principles Executive Summary

The American Osteopathic Association (AOA) is dedicated to putting patients first and protecting the patient/physician relationship.

Guiding Policies and Principles

1. The American Osteopathic Association will work with Congress, the Administration, the states, and the private sector to ensure that Americans have access to the highest quality medical care in the world. Addressing the issue of professional liability insurance is central to this goal. The AOA will continue working to ensure that osteopathic physicians have the freedom to practice medicine.
2. The American Osteopathic Association will work with Congress and the Administration to implement provisions set forth in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173).
3. The American Osteopathic Association will work with Congress to ensure high priority consideration of the osteopathic graduate medical education program within physician workforce planning and financing legislation.
4. The American Osteopathic Association will work with Congress and the Administration to support research that advances medical science.

The Distinctiveness of the Osteopathic Physician

The osteopathic profession was founded more than 100 years ago on the basis that the osteopathic physician would treat the patient holistically. This is accomplished by the osteopathic physician using the traditional tools of medicine along with the additional modality of osteopathic manipulative treatment.

In general, there are four principles of osteopathic philosophy: (1) a person is comprised of body, mind and spirit; (2) the body is capable of self-regulation, self-healing and health maintenance; (3) the structure and function of the body are reciprocally related; and (4) rational medical treatment is based upon an understanding and integration of these three principles along with the use of evidence-based medicine.

Osteopathic manipulative treatment is a complement to the patient in an osteopathic physician's practice and treats both structure and function. When structure is improved, function is also improved; and when function is improved structure also improves. This process maintains and improves the body's self-regulation and healing. These philosophical and practice training commitments are the principles that distinguish osteopathic physicians (DO) from allopathic physicians (MD).

Primary Care and Under Served Communities

Since its inception in the late 1800s, more than 60% of osteopathic physicians practice in primary care fields. Unlike any other physician training paradigm, after completing

osteopathic medical school, graduates are required to complete a one-year internship through which they gain experience in the areas of primary care and surgery. After completion of the internship, the osteopathic physician chooses to continue residency training in either primary care or in one of the 42 or more specialty and sub-specialty areas. All osteopathic physicians are grounded first in the primary care of patients.

Stemming from the principle of putting patients first, osteopathic physicians represent a significant portion of the physicians practicing in rural communities where attracting physicians is a common challenge. For example, while osteopathic physicians comprise a small percentage of the nation's physicians, they represent a significant percent of all the physicians practicing in rural, underserved areas. For many underserved communities, osteopathic physicians are the sole physicians providing complete healthcare within multiple county areas.

It is in the spirit of this distinctiveness that the American Osteopathic Association submits its statement on health care policies and principles:

1. **High Quality Medical Care – Health Systems Change, Access, Reliability, Patient Protections:** *The American Osteopathic Association strives to improve the quality and accessibility of healthcare services delivered to America's patients.*

a) **The Uninsured**

- The AOA supports universal healthcare coverage in which all Americans have access to health care coverage. Coverage can be provided through federal and state programs, private programs, or a combination of the two. Universal care should not be confused with single payer healthcare systems.
- The AOA supports the use of the tax code (tax credits and deductions), new purchasing agreements, and the limited expansion of existing federal and/or state programs (including Medicare, Medicaid, and SCHIP) to accomplish this goal.
- The AOA opposes the establishment of a single payer healthcare system in which the federal, state, or local government is the primary source of funding for healthcare services, excluding any existing federal or state programs, such as Medicare, Medicaid, and SCHIP.
- The AOA opposes attempts by the government to mandate healthcare coverage through a defined benefit or defined contribution program.
- The physician-patient relationship must be protected.
- Physicians, in cooperation with their patients, must maintain a high level of autonomy to control the healthcare services provided. Federal policies must not interfere with laws governing patient protections or healthcare rights.
- Policies should support the ability of physicians, hospitals, and other healthcare providers to provide care to patients. Physician compensation for care provided must not be jeopardized by federal, state, or local policies.

b) **Managed Care**

- The American Osteopathic Association first created a “Patient’s Bill of Rights” in 1981 and has updated it continually to ensure the advancement of quality and consumer protections within the healthcare system. Built on the principle that patients have the right to humane and dignified treatment, the AOA’s Patient’s Bill of Rights is the foundation upon which the osteopathic medical profession continues to advance what America accepts as essential patient protections. Among these assurances are:
 1. The patient’s right to secure medical treatment from the physician of one’s choice. With more than 100 million patient visits per year made to osteopathic physicians, millions of patients across the country make that choice daily, and must be empowered to continue to do so.
 2. The patient’s right to seek emergency department services based on the patient’s belief that he/she is in medical peril. Known as the “prudent layperson” standard, the AOA believes that a health plan does not have the right to deny reimbursement to such patients and, therefore, we support the prohibition of health plans requiring “prior approval” for emergency medical services.
 3. The patient’s right to receive, in layman’s terms, complete and current information about treatment options and the expected outcomes of each.
 4. The patient’s right to accept or reject treatment options after being fully informed by the physician. Integral to fully informing a patient, the AOA supports the patient’s right to know the cost of the treatments. In addition, the AOA supports the patient’s right to a free exchange of medical or benefit information with a physician. The AOA opposes any practice that would impede patient/physician communication either through contractual expression or by arbitrary termination of the physician as a provider.
 5. The patient’s right to expect that his/her medical records will be kept confidential and that these medical records be made available to the patient as guaranteed under the Health Insurance Portability and Accountability Act of 1996.

c) **Patient Safety**

The American Osteopathic Association is dedicated to improving the quality of the nation’s healthcare delivery system. The AOA recognizes that medical errors and adverse events occur and is committed to reducing these occurrences.

The AOA believes that it is the current healthcare delivery system and not physicians alone that are the source of these events. We support the implementation of systemic procedures and policies that improve the quality of the healthcare delivery system.

The AOA supports the establishment of a databank designed to evaluate adverse events from across the country and produce reports designed to assist others in preventing similar occurrences. The reporting of such events could be either voluntary or mandatory, but the AOA believes that any information reported should be exempt from discovery and contain legal protections for all parties involved. Additionally, the AOA believes that all information reported should be exempted from discovery under the Freedom of Information Act (FOIA).

d) Professional Liability Insurance Reform

The American Osteopathic Association continues to seek solutions to reduce the high costs of professional liability insurance through the passage of tort reform legislation. The AOA supports the right of patients to be provided with legal redress when their employer-sponsored health insurers' treatment rules and coverage determinations cause them harm.

Like the physician community at-large, many osteopathic physicians have stopped delivering obstetrical care and other high-risk procedures because of exorbitant professional liability insurance premiums associated with delivering such care. The AOA believes that relief can be found in tort reforms such as limitations on non-economic damage awards, equity on joint and several liability, limiting attorney contingency fees, periodic payments, reductions in statutes of limitation, and the reform of the collateral source rule.

The American Osteopathic Association recognizes that physicians are not alone in making treatment determinations for their patients. In the case of employer-sponsored health plans, which set forth treatment rules and coverage determinations, both patients and physicians must live and practice within a framework established by a healthcare plan, and not by a physician. Because of this leverage, third party payers and health plans are able to place controls on patient treatment. Once patient care is completed, physicians maintain the entire liability for these treatment decisions. The osteopathic profession believes that the responsibility for patient care decisions should be more equitably placed.

e) Women's Health

The American Osteopathic Association is dedicated to advancing federal policies that ensure appropriate attention to the unique medical needs of women. The AOA recognizes that women's health issues have not received adequate attention in the past. The osteopathic profession supports policies that ensure access to comprehensive care across a woman's life span, including prenatal care and preventive health services.

Therefore, the osteopathic profession supports increases in federal funding that (1) advance research into women's health issues, such as preventive measures and cures for breast and cervical cancer, osteoporosis, and cardiovascular disease in women; (2) improve the delivery of comprehensive

quality healthcare to female patients of all ages; and (3) expand undergraduate and graduate medical education on women's issues.

- f) **Racial and Ethnic Disparities in Healthcare**
Minority populations in America often experience difficulty in obtaining access to needed healthcare services. The AOA supports (1) initiatives that increase access to healthcare services for all Americans regardless of race or socioeconomic class; (2) efforts to expand outreach to culturally diverse populations, including enhancing research efforts and improving healthcare options in communities where incidents of certain healthcare conditions are more prevalent than in the community as a whole; (3) increased funding for programs targeted at minority populations, which decrease infant mortality rates and increase immunization and access to other preventive healthcare services; and (4) early intervention and treatment programs for minorities suffering from breast cancer, hypertension, diabetes, prostate cancer, alcoholism, and other diseases that disproportionately affect minority populations.
- g) **Prescribing**
The American Osteopathic Association supports the ability of physicians to advocate on behalf of their patients without unfair or unwanted influence from outside agencies. The AOA believes that restrictive formularies and reimbursement policies that attempt to limit reimbursement, coverage, or other information about all available pharmaceutical treatment options violate the physician-patient relationship.
- h) **Non-Physician Clinicians**
The American Osteopathic Association acknowledges the role of non-physician clinicians in the healthcare delivery system, but continues to advocate for direct physician supervision. Attempts by non-physician clinician groups to expand their defined scope of practice beyond the accepted levels are opposed. Additionally, we strongly oppose attempts by any non-physician clinician group to place itself in a position of primary contact or serve as primary care providers.
- i) **HIV/AIDS**
The AIDS crisis in Africa, the United States, and elsewhere has grown exponentially during the past twenty years and reverberations will continue to be felt around the world for decades to come. The American Osteopathic Association supports private and governmental efforts to address HIV/AIDS globally. Osteopathic physicians and osteopathic medical colleges provide medical expertise and financial support to assist distressed populations, particularly in Africa.
- j) **Regulatory Reform**
The American Osteopathic Association is committed to reducing the regulatory burden placed upon physicians by Medicare and its contractors. The governing documents of Medicare currently exceed 130,000 pages and present a compliance quandary for physicians. The AOA believes that

osteopathic physicians should be focused on patient care and not on complying with excessive federal mandates.

k) Office of the Surgeon General

The American Osteopathic Association supports the efforts of the Surgeon General, the nation's leading spokesperson on matters of public health, to protect and advance the health of the American people. The AOA will work with the Surgeon General and the staff of the Office of the Surgeon General to advocate for effective health promotion and disease prevention programs, participate in activities sponsored by the Office of the Surgeon General, and provide the expertise of osteopathic physicians.

2. Medicare and Medicaid: *The American Osteopathic Association strives to ensure that affordable, high quality medical care is available to all Americans, particularly vulnerable and uninsured populations such as senior and disabled Americans. As the Medicare and Medicaid programs ensure access to medical care for senior citizens, the disabled, children, and low-income individuals, the AOA supports these programs and pledges its cooperation in ensuring the continued availability of quality medical care at a reasonable cost.*

a) Medicare Physician Payments

The American Osteopathic Association supports legislative proposals to reform the Medicare physician payment formulas to reflect the costs of providing care and reduce the unpredictable nature of the current payment formulas. The current system, based largely upon projections and trends, should be altered to reflect actuarially sound data that limits the volatility of the formulas on a year-to-year basis.

Additionally, the AOA supports revisions to Medicare payment policies that reflect equity in payments for rural and urban providers.

b) Private Contracting

The osteopathic profession believes that physicians and Medicare beneficiaries have the right to contract privately for medical services otherwise covered by Medicare. The Balanced Budget Act of 1997 gives physicians this right. However, the law restricts the practical application of this right by mandating that physicians who enter into private contracts with Medicare beneficiaries must opt out of the Medicare system for two years. The AOA supports legislative efforts that would make private contracting an immediate, viable option. The AOA supports the inclusion of specific patient protections in private contracting legislation.

c) Medicaid/SCHIP

The Medicaid program has made significant inroads into improving the quality of healthcare available to vulnerable Americans, such as indigent pregnant women and their dependent children, terminally ill, and disabled populations. The AOA supports the Medicaid program, but remains concerned that it is under funded. The AOA supports efforts by the federal government to work with the states to increase funding for Medicaid and

ensure that a standard of high quality, accessible care is available to all Medicaid patients.

3. **Osteopathic Graduate Medical Education:** *The American Osteopathic Association is committed to working with Congress to ensure that osteopathic graduate medical education residency training positions are protected within federal law.*

Osteopathic and allopathic physicians are educated, trained and certified on separate but parallel tracks. Both physician professions have their own medical school accreditation entity, postgraduate training authority, and certification boards that are equally recognized by the U.S. Department of Education and the Centers for Medicare and Medicaid Services.

Given the distinct contribution to American healthcare made by osteopathic physicians, any graduate medical education reform must take special care to preserve and strengthen the osteopathic system of training physicians. Any reforms of the graduate medical education system must be made with a full understanding of their impact on the osteopathic graduate medical education system. Because osteopathic training is different, there is a true risk of inadvertent harm when federal legislators and regulators fail to recognize the impact of their reforms on the osteopathic graduate medical education system.

The AOA supports the investigation and debate of GME payment policies that reflect the contributions of parties other than the federal government. While the AOA believes that GME is an inherent ‘public good’ and that the federal government should continue to subsidize the training of physicians, we recognize that other parties benefit as well. To this end, we continue to encourage debate focused on the potential establishment of alternate GME financing mechanisms that rely upon all parties involved with a majority of funding continuing to be provided by the federal government.

The AOA Bureau of Osteopathic Education (BOE) reports to the Board of Trustees on behalf of its two subordinate councils: the Council on Postdoctoral Training (COPT) and the Council on Continuing Medical Education (CCME). The COPT has two subordinated committees: the Committee on Osteopathic Training Institutions (COPTI) and the Program and Trainee Review Committee (PTRC). With respect to the accreditation of osteopathic postdoctoral training institutions, the BOE is the final accrediting body. The Commission on Osteopathic College Accreditation (COCA), formerly the Bureau of Professional Education, is the entity within the AOA that is recognized by the U.S. Secretary of Education as the accreditation agency for colleges of osteopathic medicine (COMs) in the United States. With respect to the college accreditation function, the COCA is the final approval authority for COM accreditation standards and procedures and the COCA handbook.

a) **Osteopathic Postdoctoral Training Institutions**

Changes in the healthcare environment prompted the AOA Board of Trustees in 1995 to approve a new system for structuring and accrediting osteopathic GME, a system through which physicians are trained to practice medicine in all healthcare delivery environments.

The new osteopathic GME system is centered upon the Osteopathic Postdoctoral Training Institution (OPTI). Each OPTI is a consortium that includes one or more AOA-accredited osteopathic hospitals and at least one college of osteopathic medicine. OPTIs have the flexibility to provide opportunities for training in ambulatory healthcare facilities and non-traditional training sites that will be drawn into the many OPTI consortia. The OPTI system will encompass the osteopathic internship programs and the more than 500 residency programs already in place. With the goal of achieving the highest possible quality and efficacy in physician training, the OPTI draws on the strength of the traditional GME structure while adding to it the depth of the academic infrastructure and the variety of non-traditional training sites.

The osteopathic medical profession is committed to working with Congress and the U.S. Department of Health and Human Services to achieve the full implementation of its Osteopathic Postdoctoral Training Institutes consortia project.

4. **RESEARCH:** *The American Osteopathic Association is committed to advancing research within the osteopathic profession. It is also committed to working with Congress, the Administration, and private organizations to support research that benefits the advancement of medical science and the delivery of healthcare.*

The University of North Texas Health Science Center at Fort Worth-Texas College of Osteopathic Medicine houses the profession's Osteopathic Research Center. The Center conducts research on the effectiveness of osteopathic manipulative treatment (OMT), develops collaborative medicine, and trains students and clinicians in osteopathic research.

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