

*Transitions:
Our patients, our profession and
our own.*

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Disclosures:

Dr. Newman has nothing to disclose.

The following content is from her own musings and research and is not intended to be, nor should be interpreted as representing any of the organizations for whom she currently or historically held positions on boards, bureaus or committees. This includes but is not limited to the AOA, AAO, FOMA, MOA and ACGME.

Introduction and Gratitude

- Thomas L Northup, D.O., D.Sc. (Ost):
 - 1st two years in MD school
 - Disillusioned with standard medical care, moved to Kirksville to study osteopathy at the ASO
 - One of the founders of the AAO
- Thank you, Dr. Northup and
- Thank you, AAO BOG, for this opportunity to honor Dr. Northup!

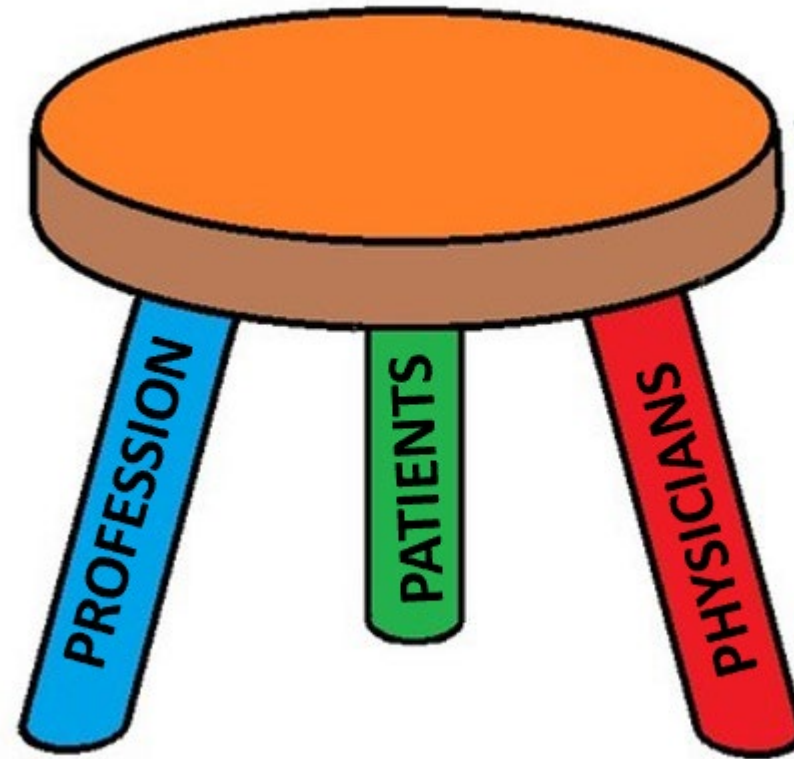


Thomas L Northup, DO, D.Sc (Ost)
Morisstown, NJ
From The Northup Book, AAO

Dr George Northup said of his dad, “He had a clear goal and it was the principle upon which the American Academy of Osteopathy was founded.”

Transition and Balance

- The health of osteopathy is dependent on the health of 3 main areas.
- Like a 3-legged stool
- Each is completely interdependent on the other two



American Academy of Osteopathy

MISSION

- To teach, advocate and research the science, art and philosophy of osteopathic medicine,
- Emphasizing the integration of osteopathic principles and practice and manipulative treatment in patient care

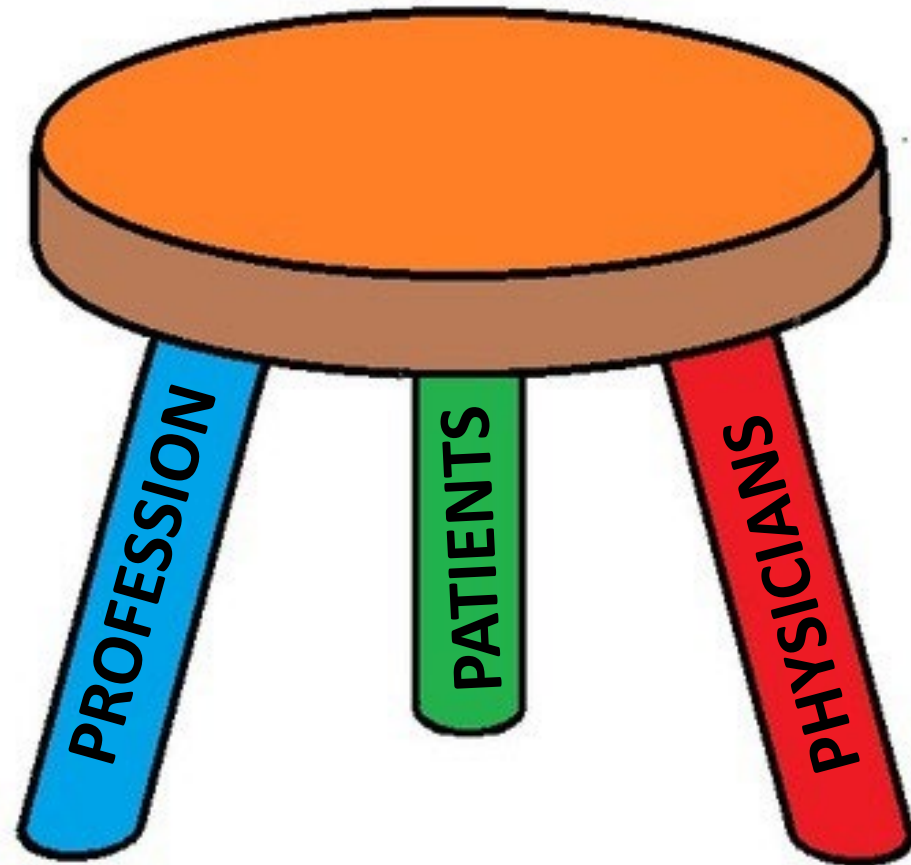
VISION (2015)

- ALL PATIENTS ARE AWARE OF AND HAVE ACCESS TO OSTEOPATHIC MEDICAL CARE
- AND OSTEOPATHIC MANIPULATIVE MEDICINE FOR OPTIMAL HEALTH

KEY MESSAGE:

- Like the ebbing and flowing of inherent motility, the state of the osteopathic profession is ever changing.
- Although uncertain, the future of osteopathy is most certainly in our hands.
- Today is the day and now is the time for you and I to recommit ourselves anew to the promise that osteopathic medicine, with OMT as its fulcrum of motion, offers to patients so that the Academy's vision can be realized.

TRANSITIONS: OUR PROFESSION



EDUCATING tomorrow's DOs

One in four medical students in the U.S. attends an osteopathic medical school, with enrollment increasing approximately 25% every five years. If this trend continues, DOs are projected to represent more than 20% of practicing physicians by 2030.

COM/SOM growth

- 35 COMs
 - 2019 – 38 COMs
- 53 Locations
 - 2019 – 59 locations
- 33 States
- 30,918 DO students
- Approx 25% increase every 5 years

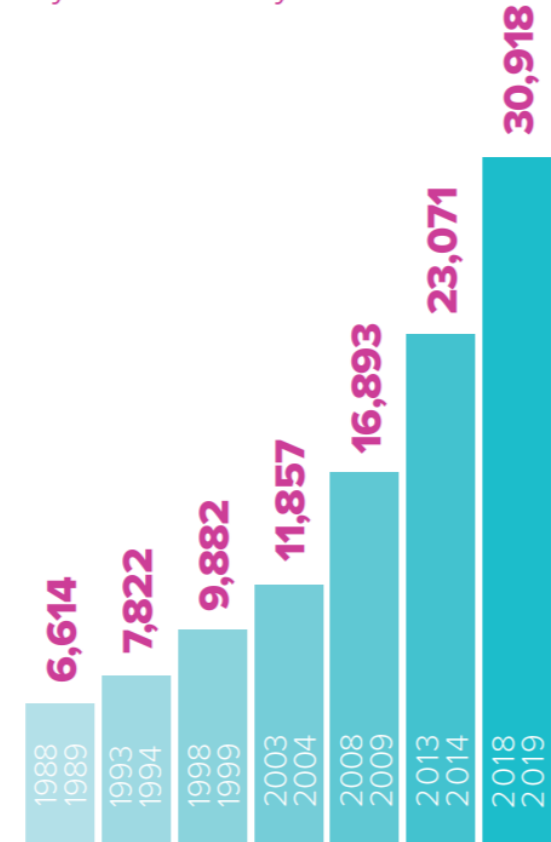
35*
Colleges of Osteopathic
Medicine (COM)

53
Teaching Locations

33
States

30,918
Osteopathic Medical
Students

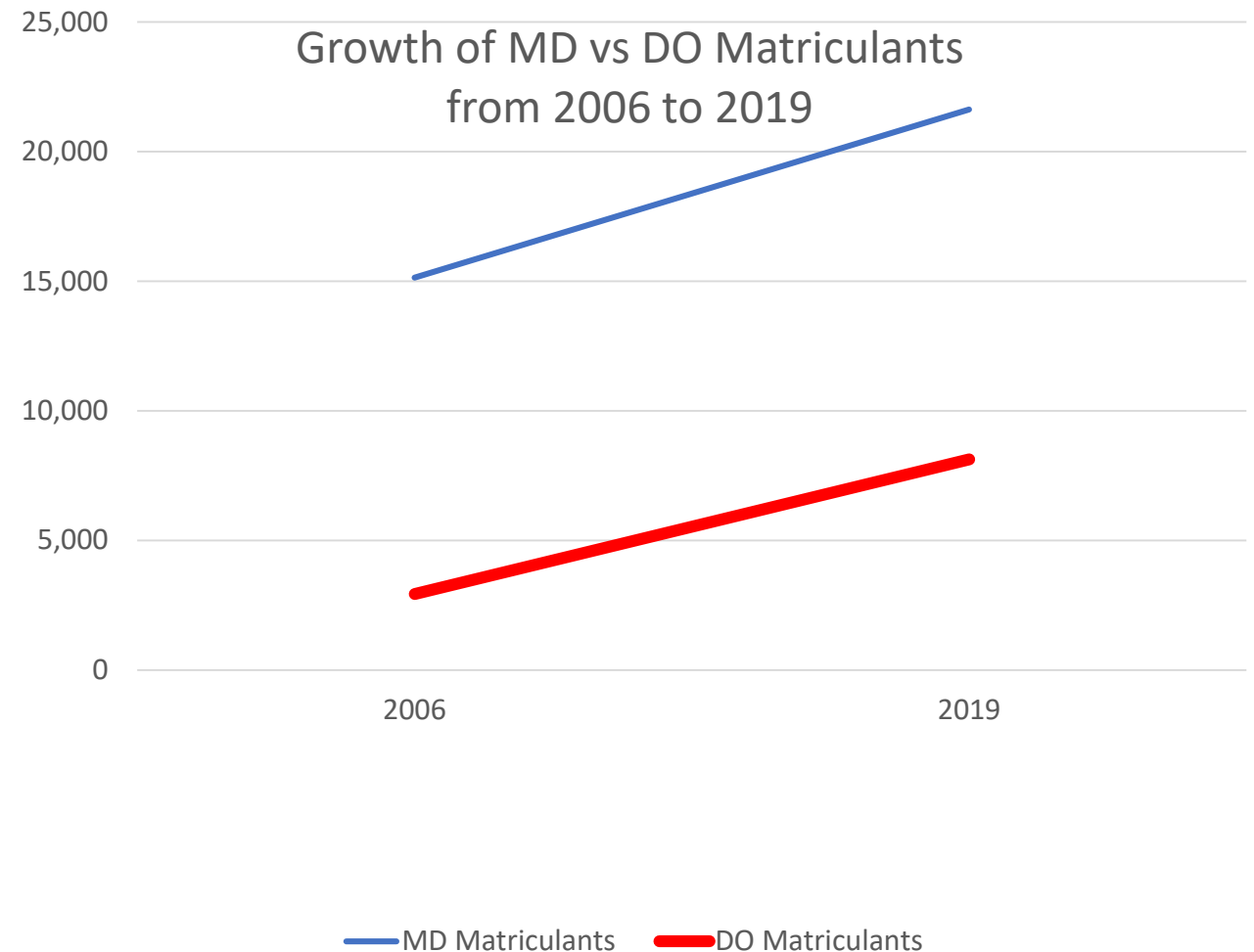
COM ENROLLMENT
by academic year



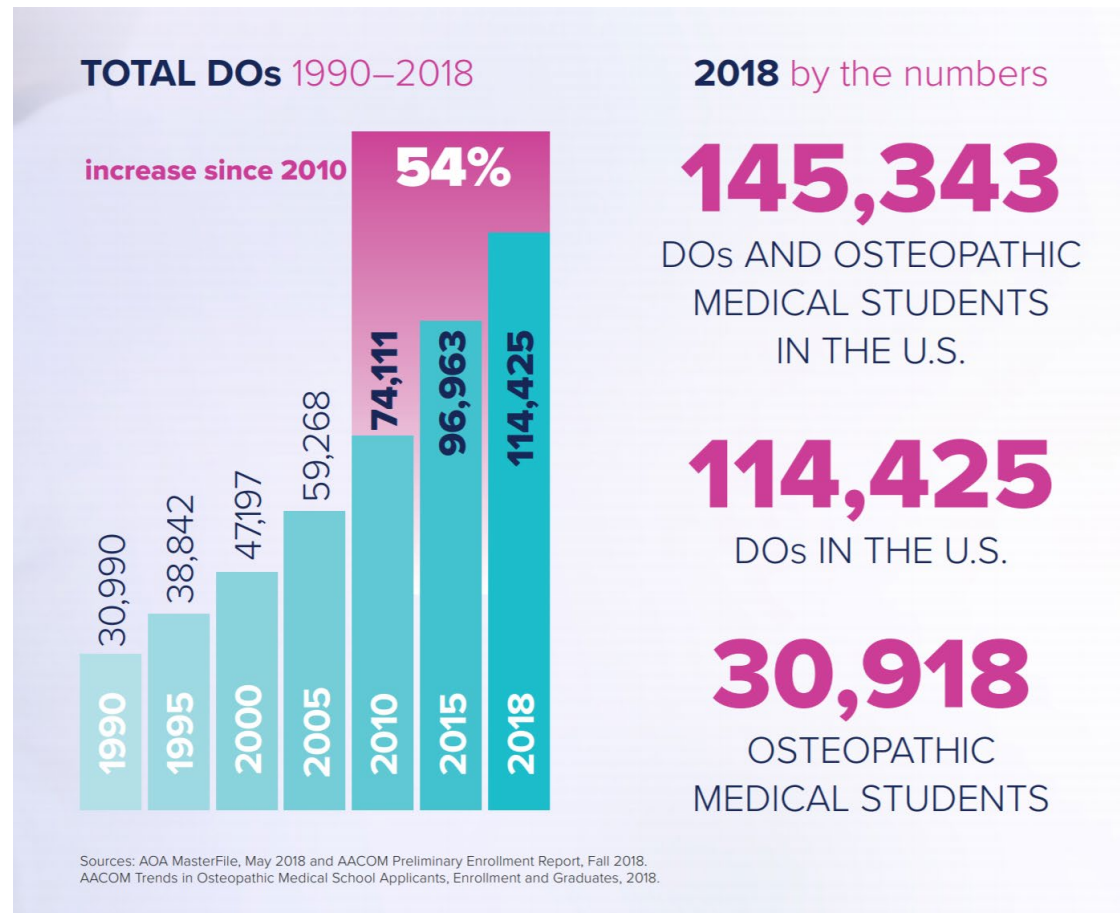
* Includes COMs currently matriculating students and COMs COCA has approved to operate in pre-accredited status.
Source: AOA Commission on Osteopathic College Accreditation (COCA).

Growth of MD vs DO matriculants from 2006 to 2019

- MD matriculants
- Increased 30% from 15,136 to 21,622
- DO matriculants
- Increased by **164%**
- from 2,925 to 8,124

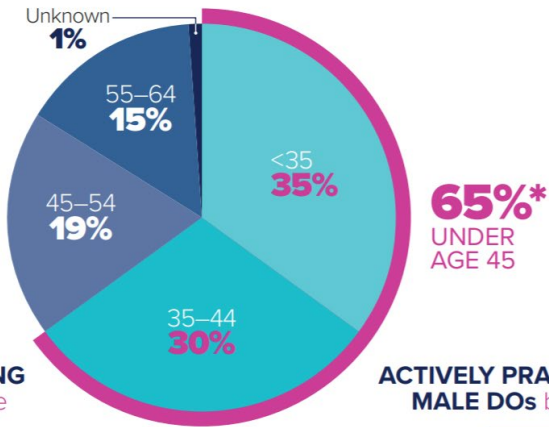


TOTAL # DOs from 1990 to 2018

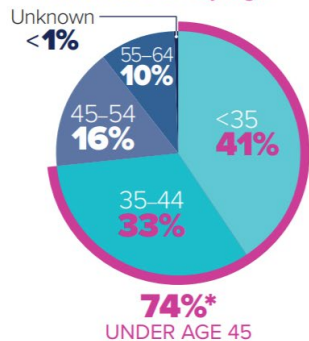


AOA 2018 Statistics on Actively Practicing DOs

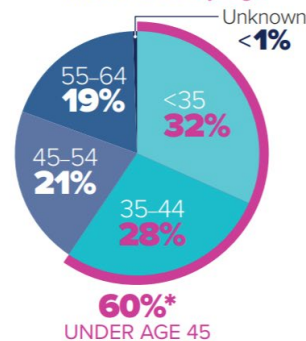
ACTIVELY PRACTICING DOs by age



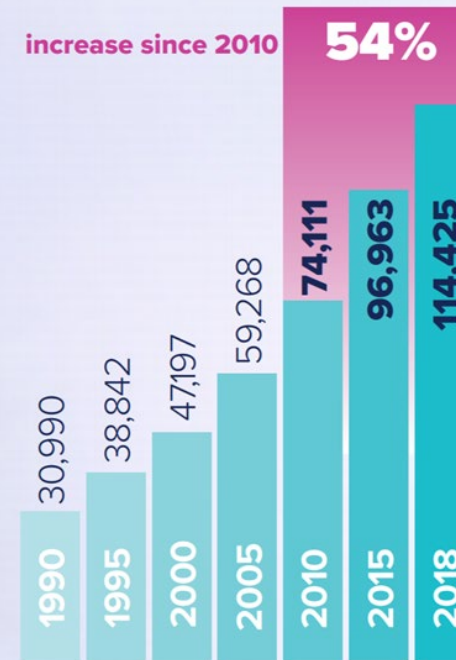
ACTIVELY PRACTICING FEMALE DOs by age



ACTIVELY PRACTICING MALE DOs by age



TOTAL DOs 1990-2018



2018 by the numbers

145,343
DOs AND OSTEOPATHIC
MEDICAL STUDENTS
IN THE U.S.

114,425
DOs IN THE U.S.

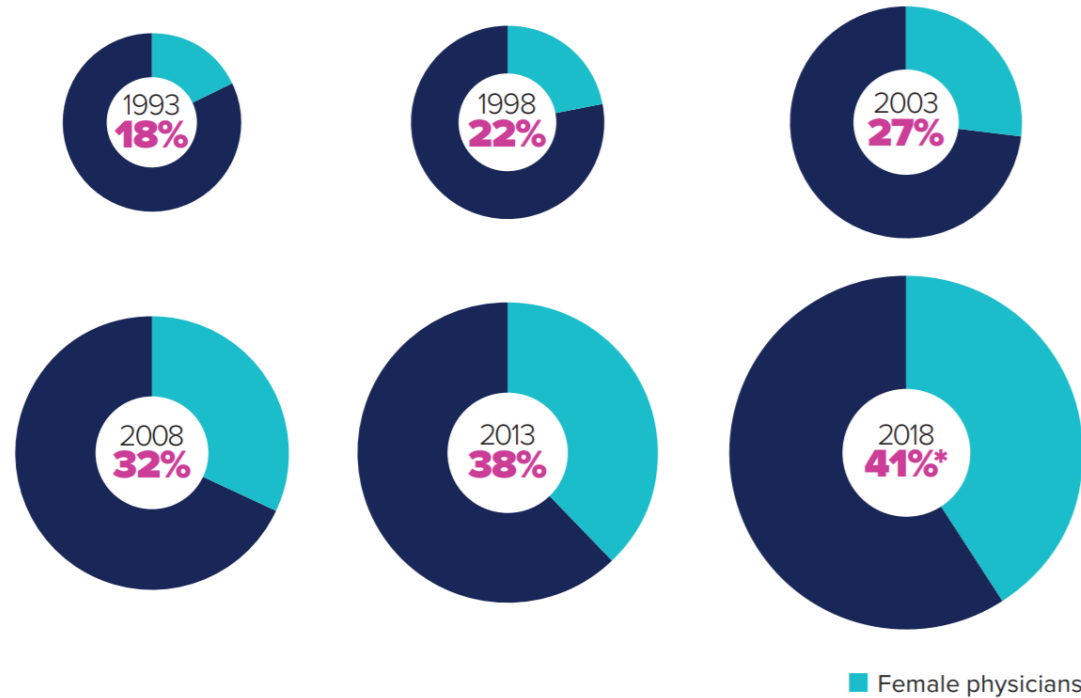
30,918
OSTEOPATHIC
MEDICAL STUDENTS

NOTE: Active practice consists of all osteopathic physicians, including DOs in training, under age of 65 who are not known to be inactive or retired.
* Does not include the 2018 osteopathic medical school graduates. Percentages have been rounded to nearest whole. Source: AOA Physician Masterfile.

Sources: AOA MasterFile, May 2018 and AACOM Preliminary Enrollment Report, Fall 2018.
AACOM Trends in Osteopathic Medical School Applicants, Enrollment and Graduates, 2018.

Growth of actively practicing FEMALE DOs

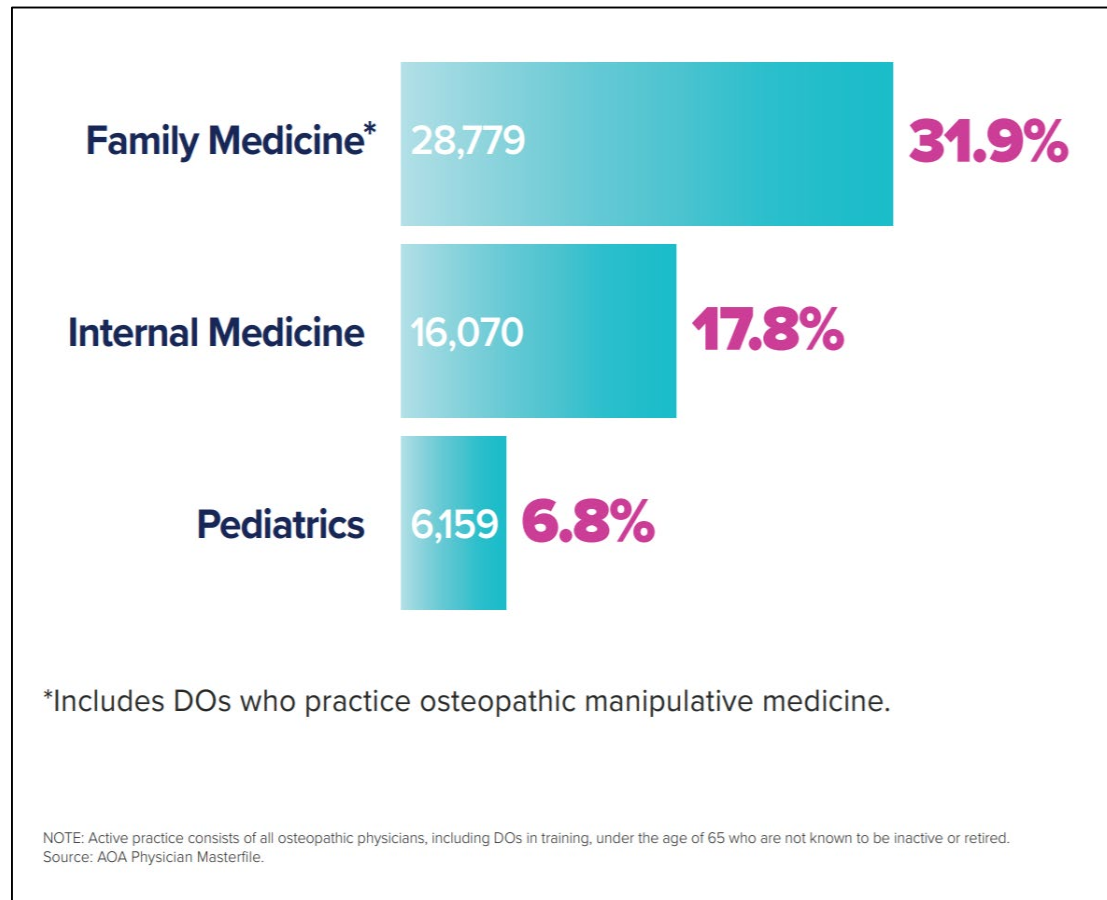
PERCENTAGE of actively practicing female DOs



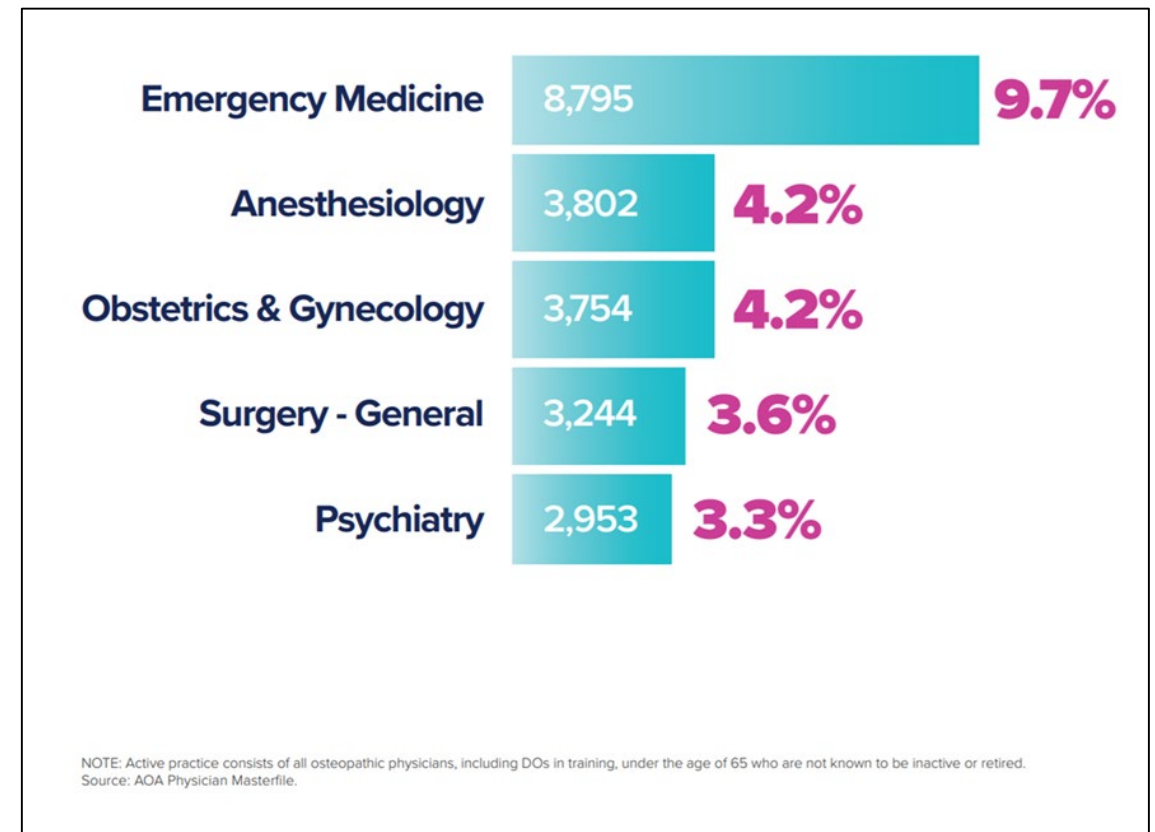
NOTE: Active practice consists of all osteopathic physicians, including DOs in training, under age of 65 who are not known to be inactive or retired.
* Does not include the 2018 osteopathic medical school graduates. Source: AOA Physician Masterfile.

145,343 Actively practicing DOs by specialty

Primary Care



Top 5 Non- Primary Care



How many DOs are using OMT?

ENCOURAGING

JAOA 2017 OMT use by sex

- Female graduates entering FM residencies indicated:
- “they believed the use of OMT would enhance their practice
- Statistically significant when compared with males graduates (P=.005)

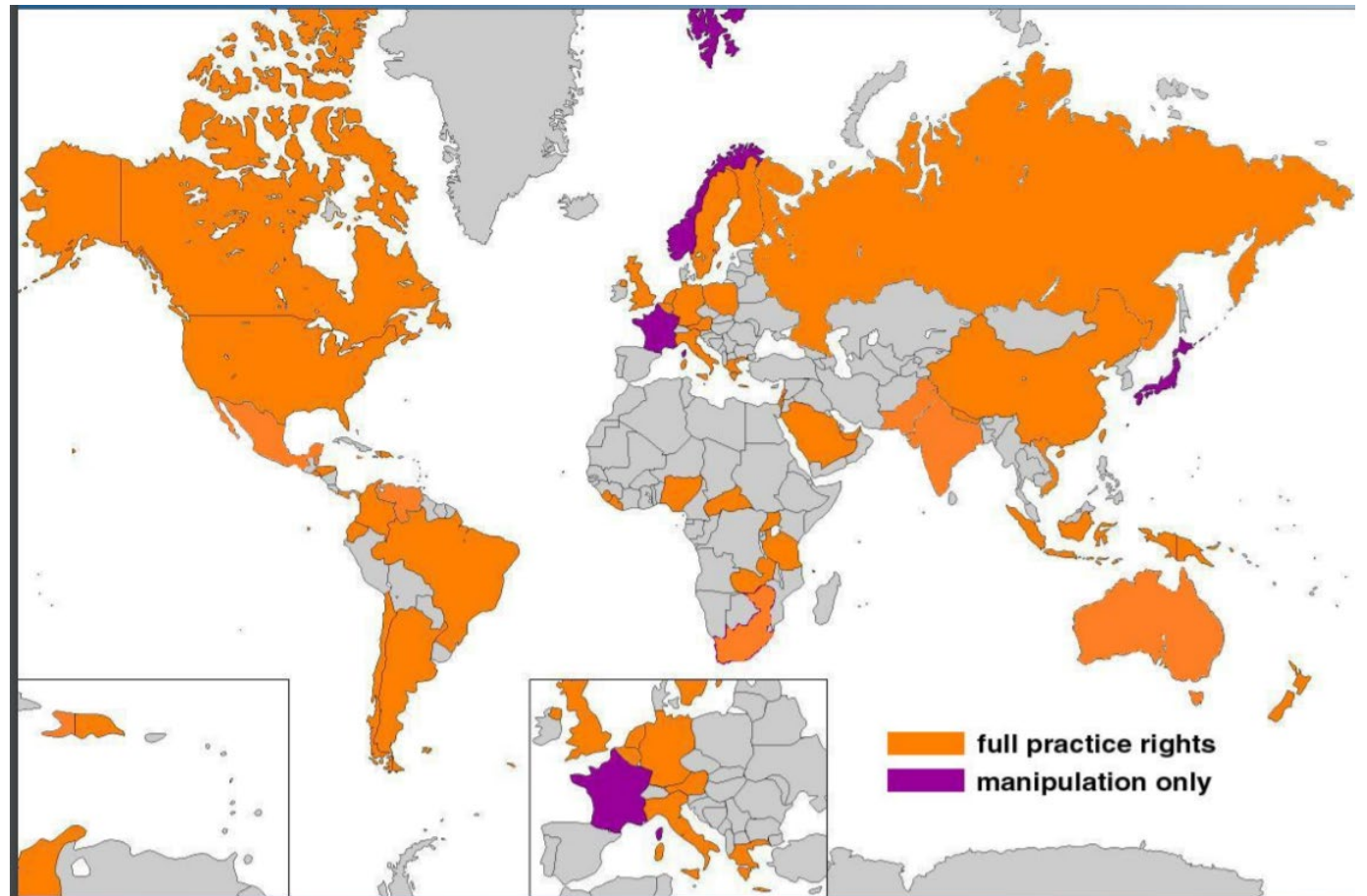
WORRIESOME

JAOA 2001 Diminished use of OMT

- 3,000 randomly surveyed osteopathic physicians
- 33.2% responded
- >50% use OMT on less than 5% of their patients

US-trained DO practice rights worldwide (2014 data)

- 66 nations worldwide
- Full practice rights to US-trained DOs
- Several other nations:
- Limited “manipulation only” practice rights



From AOA presentation 2014 at the AAO Convocation by Boyd Buser, DO.

2013 Data from the Osteopathic International Alliance (OIA)

OIA data collected for 33 countries provides a scale of osteopathic practice around the world. Some numbers are estimates.

- 87,850 Osteopathic physicians worldwide
- 82,500 are in the US.

1,600 in France

2,300 in German

1,300 in Russia

Austria	30	c. 500-600	6.1-7.3	Estimated
Belgium		1,539	14.7	Social Security Instances
Brazil		47	0.02	Registro Brasileiro dos Osteopatas
Canada	20	c. 1,500	2.4	COA membership; estimated
Croatia		c. 16	0.4	Estimated
Cyprus		c. 11	1.0	Estimated
Denmark	15	40	0.7	Estimated; Danish Association of Osteopaths
Egypt		c. 35	0.04	Estimated
Finland		c. 300	5.7	National Authority for Medicolegal Affairs
France	1,600	17,460	28.9	Directorate for Research, Studies, Assessment, and Statistics (DREES), September 2012 data
Germany	2,300	c. 5,000-7,000	9.0-11.5	BDOÄ; DAAO; VOD; BVO estimated
Greece		30	0.3	Greek Osteopathic Association
Ireland		120	2.5	OCI
Israel		c. 75	1.0	Estimated
Italy	50	c. 5,000-6,000	8.1-9.8	Estimated
Japan		275	0.2	Japan Osteopathic Federation
Luxembourg		Over 40	7.8	ALDO
Malta		1	0.2	Personal communication
Namibia		1	0.05	Personal communication
Netherlands		630	3.7	Dutch Register
New Zealand		c. 400	9.2	Registration data
Norway		250	5.3	NOF and estimates
Poland		30	0.1	Osteon Polish Academy of Osteopathy
Portugal		c. 400	3.7	Estimated
Russia	c. 1,300		0.9	Estimated
Singapore	26		0.5	Personal communication
Spain		c. 600-800	1.3-1.7	Estimated
South Africa		49	0.1	Registration data
Sweden	1	c. 200	2.2	Swedish Osteopathic Association and estimate
Switzerland	38	c. 850	10.6	SAGOM and estimated; FSO-SVO, CDS
UK	Unknown small number	4,211	6.6	GOSC Register (only those resident in UK)
US	82,500		24.6	AOA Osteopathic Medical Profession Report 2012. (31 May 2012). This includes an estimated 4,773 osteopathic medical school graduates in 2012.

WHERE'S THE BEEF?

- There's no research supporting the use of OMT.
- SNOMED International
 - determines global standards for health terms.



AOA Guidelines on OMT for LBP

Based on the study by Franke H, et al,
“Osteopathic manipulative treatment for nonspecific low back pain: a systematic review and meta-analysis.”

- Strengthened the findings that
 - OMT reduces LBP
- Specifically:
 - clinically relevant effects of OMT were found for
 - reducing pain
 - improving functional status

- The improvements were found
 - Acute and
 - Chronic
 - Non-specific LBP
 - AND
 - for LBP in pregnant, postpartum women
 - 3 months after treatment

Florida Dept of Health Statute 456.44 on Controlled Substances

Information on Nonopioid Alternatives for the Treatment of Pain

A guide to working with your healthcare
practitioner to manage pain

Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting care that is safe, effective, and right for you.



This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.

Treatments provided by Licensed Healthcare Providers

Physical therapy (PT) and occupational therapy (OT). PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Massage therapy. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Acupuncture. Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side-effects by stimulating the body's pain-relieving endorphins. Techniques may include inserting extremely fine needles into the skin at specific points on the body.

Chiropractic care. Chiropractic physicians treat and rehabilitate pain, diseases and conditions using manual, mechanical, electrical, natural methods, physical therapy, nutrition and acupuncture. Chiropractors practice a hands-on, prescription drug free approach to health care that includes patient examination, diagnosis and treatment.

Osteopathic Manipulative Treatment (OMT). Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain but can also be used to promote healing, increase overall mobility, and treat other health problems.

Behavioral interventions. Mental health professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can allow you to better manage your pain by changing behavior patterns.

Topical treatments and medications. Topical Agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a

ACGME DATA

- 11,621 GME programs
- 139,753 residents
- 150 (+) specialties
- 200 (LESS THAN 2%)
Osteopathically Recognized

- **Osteopathic
Neuromusculoskeletal Medicine
ONMM Residencies**
- Total Programs = 27
 - Initial Accreditation = 17
 - Continued Accreditation = 2
 - Pre-accreditation = 3
 - Continued Pre-accreditation = 5
- 0.23% of all ACGME programs

ACGME ONMM ENTRY POINTS

ONMM – 1

- Enter following DO or MD school
- Complete all 3 years in ONMM

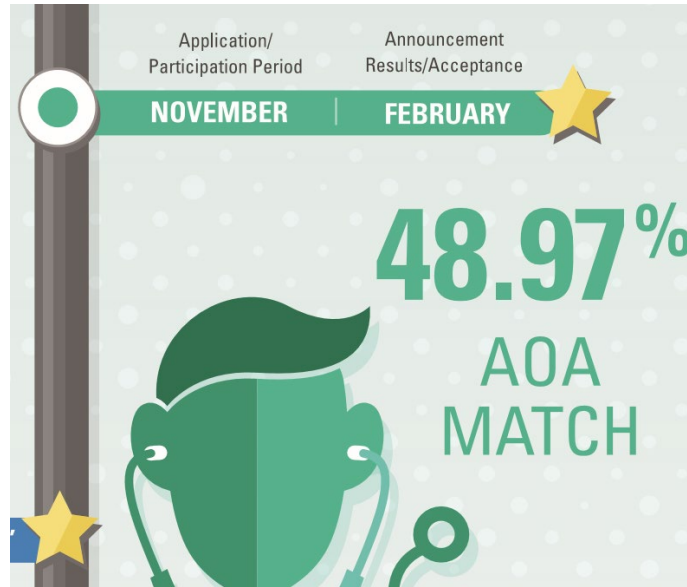
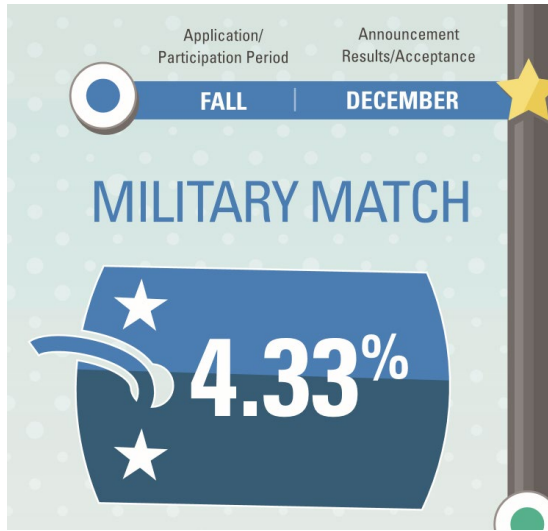
ONMM – 2

- Enter following an Internship
- Complete the final 2 years of residency in ONMM

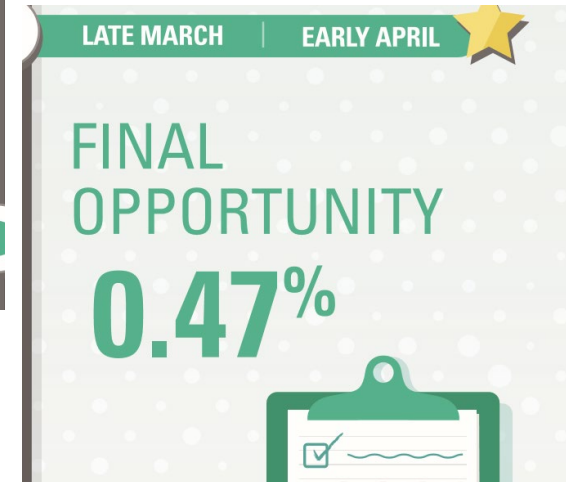
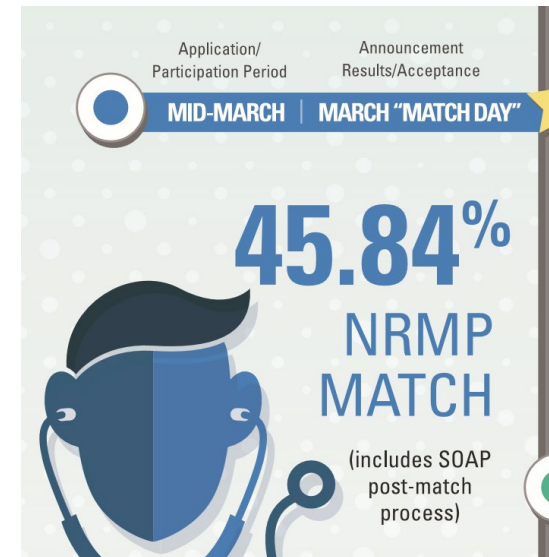
ONM -3

- Enter following any other ACGME residency
- Complete one additional year in ONMM
- The traditional “+1” Residency Model

AACOM 2016 MATCH RESULTS = 99.61%

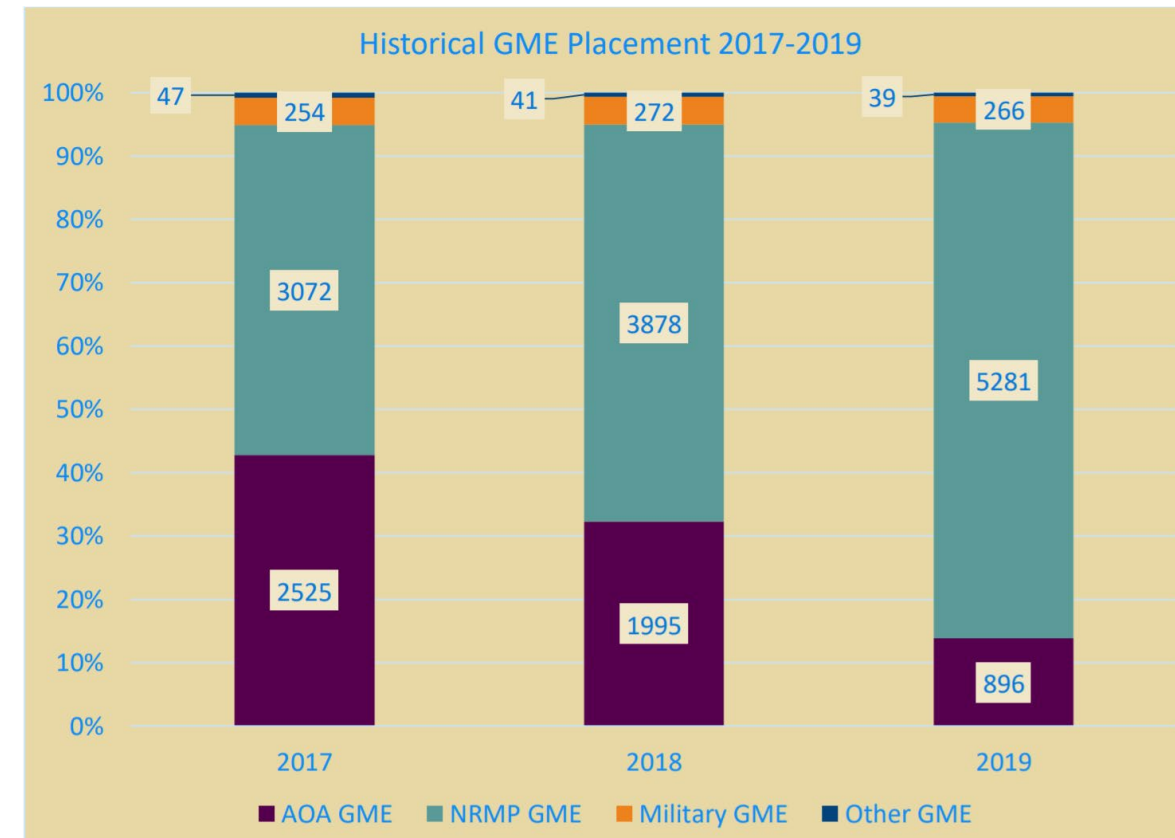


The majority of DO graduates were still matching into AOA accredited programs



2017 – 2019 AACOM Data

- AOA GME placement has decreased as expected as the AOA programs either close or move to ACGME accreditation
- DO Graduates are matching into ACGME programs at increasing rates, also as expected
- Total DOs seeking GME programs that actually placed in a program has seen some decline since 2016:
 - 2016 = 99.6%
 - 2017 = 99.34%
 - 2018 = 98.14%
 - 2019 = 98.46%



DOs working within the ACGME

- ACGME Review Committees (RC):
 - 28 RCs
 - 24 with at least 1 DO member
 - 3 DO Chairs
 - 3 DO Vice-chairs
 - 6 DO Resident Members
- Osteopathic Recognition Committee
 - 14 of 16 members are DO including the Chair and Vice-chair



ACGME

@acgme



#FYIFriday Karen J. Nichols, DO, MA, MACOI, CS has been elected Chair-Elect of the #ACGME Board of Directors. She has served as president of @AOAforDOs, @AZ_Osteo, and @ACOI_Org. Read more bit.ly/2pnHHeI #MedEd #DoctorsThatDO



TRANSITIONS IN OUR PROFESSION

VISION: We must increase Osteopathy's presence within the ACGME



Increase in COM growth



Family Medicine still rules



Women are ever present and DOs are getting younger



Small fish in a HUGE Pond with 1.7% OR and 0.23% ONMM residencies in the ACGME

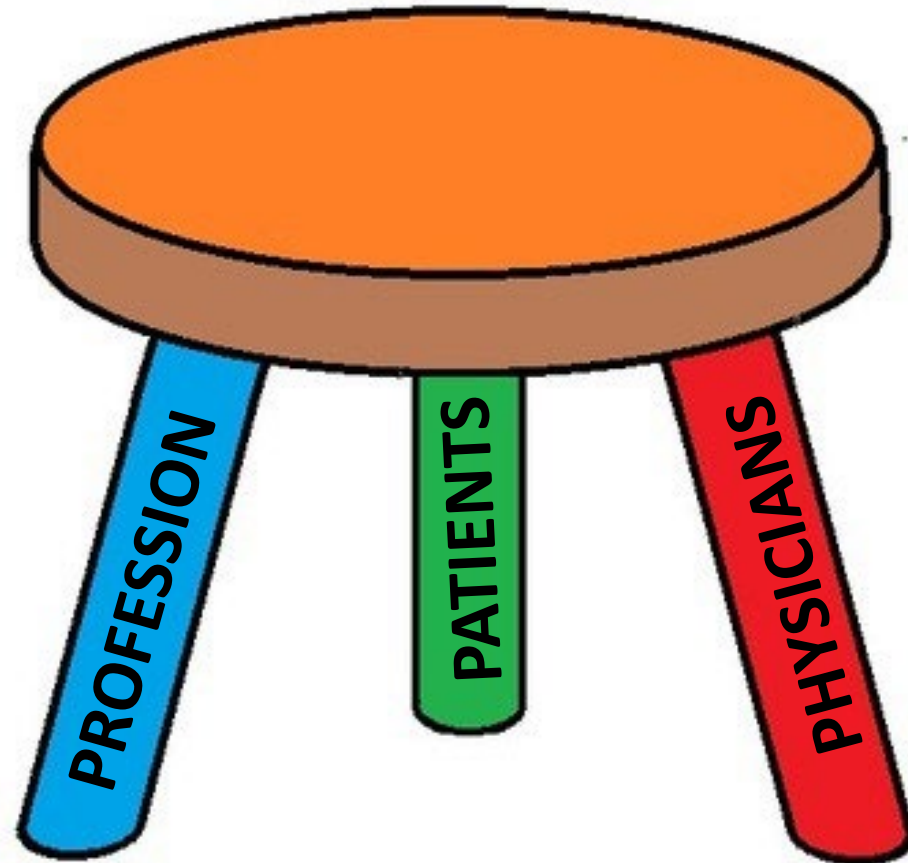


Research is imbedded into osteopathy



The future of osteopathy is forever linked with our successes in the ACGME

TRANSITIONS: OURSELVES



COMMON CHARACTERISTICS OF BURNOUT

- PHYSICAL EXHAUSTION
- EMOTIONAL EXHAUSTION
- HELPLESSNESS
- ACCIDENT PRONENESS
- LOSS OF CONCERN FOR PEOPLE
- COMMUNICATION DIFFICULTIES
- POWERLESSNESS
- INCREASED USE OF DRUGS AND ALCOHOL
- LOW JOB SATISFACTION
- ABSENTEEISM
- CHRONIC FATIGUE
- INFLEXIBILITY
- NEGATIVISM
- TENSION
- LOW MORALE
- COMPLAINING

3 Cardinal Signs of burnout

Maslach Burnout Index Scale (MBI)

1. Emotional exhaustion:
 - Unable to recover as well
 - Downward spiral
2. Detachment and Depersonalization
 - Cynical and sarcastic about patients
 - “Compassion fatigue”
3. Reduced Accomplishment
 - Lack of feeling successful and accomplished in their work
 - What’s the use?
 - “Cog in the wheel”



Scale

- The frequency with which the respondent experiences feelings related to each subscale is assessed using a seven point response format.

0	1	2	3	4	5	6
Never	A few time a year or les	Once a month	A few times a month	Once a week	A few times a week	Every day

Example of questions

EE - “I feel burned out from my work”

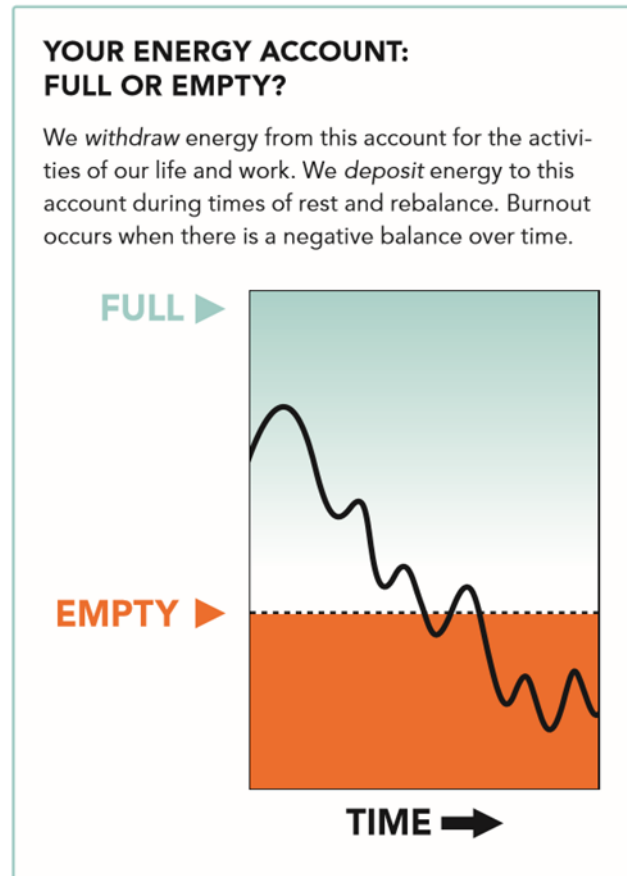
DP - “I don’t really care what happens to some recipients”

PA - “I have accomplished many worthwhile things in this job”

When does the scourge burnout begin?

- Burnout begins in medical school
 - 1/3 of all medical students

- “When your Energy Account is empty, you risk burnout.” (Dike Drummond, MD, Family Practice Management, Sept/Oct 2015. www.aafp.org/fpm)



• Risk factors:

- Heavy workload and long hours
- Isolation
- Putting others needs before our own
- Lack of (spousal) support
- Lack of good leadership within the organizations that employ physicians
- Lack of outside hobbies and interests
- Lack of good nutrition
- Missing out on family events
- Lack of time for self-care (exercise, meditation)

Mayo Clinic
Proceeding
Alarming
Statistics



54%
of doctors
say they are
burned out.¹



88%
of doctors
are moderately
to severely stressed.²



59%
of doctors
wouldn't recommend
a career in medicine
to their children.³

1. Mayo Clinic 2014.

2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.

3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

WHAT PRECIPITATED THIS EVENT?

Agency For Health and Research Quality:

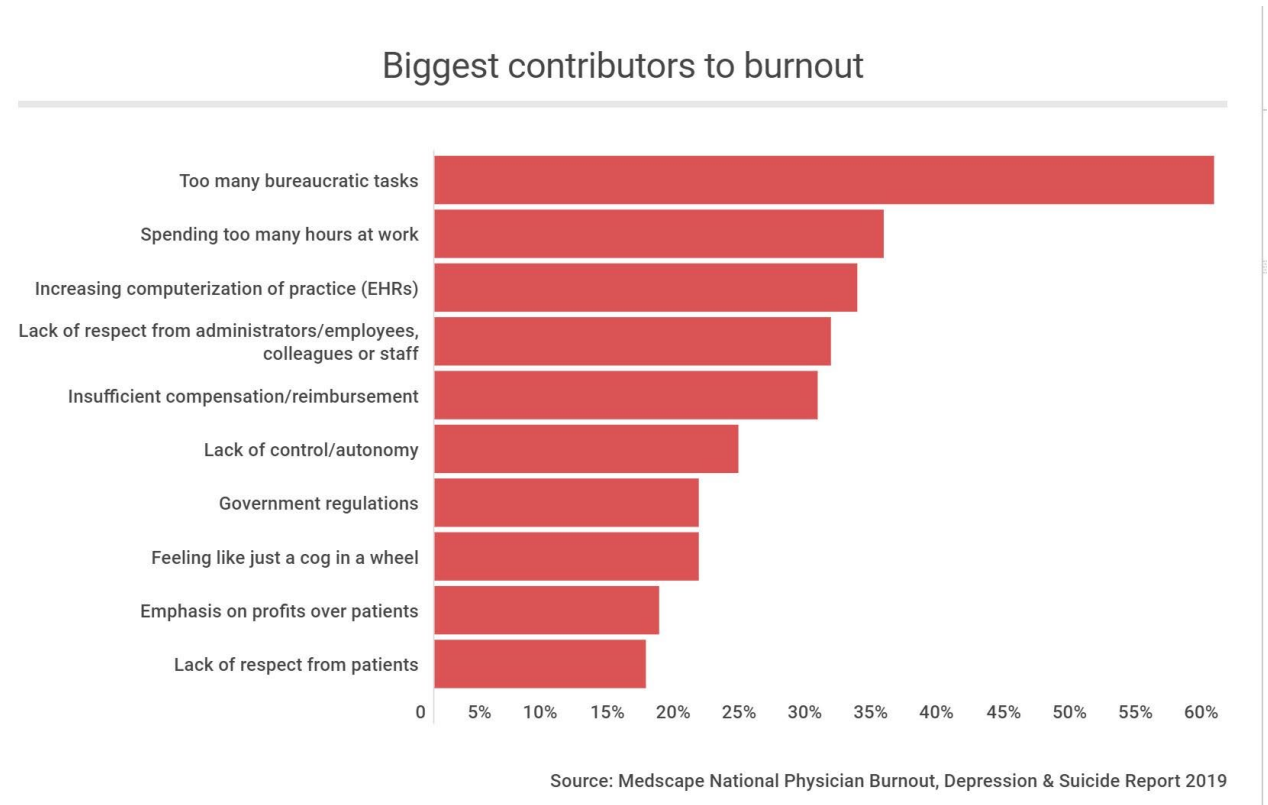
- Fear of being seen as NOT FIT for the job
- 2010 Affordable Care Act?
- 2009 American Reinvestment and Recovery Act
 - Mandated EHR



<https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html>

Why are we physicians suffering at such alarming rates? 15,000 physicians over 29 specialties.....

- 1) **Bureaucratic tasks 60%**
- 2) Too many hours at work
- 3) EHR
- 4) Lack of respect from employers
- 5) Insufficient compensation
- 6) Lack of autonomy
- 7) Government regulations
- 8) “Cog in the wheel”
- 9) Profits over patients
- 10) Lack of respect from patients



The 2019 Medscape National Physician Burnout, Depression and Suicide Report

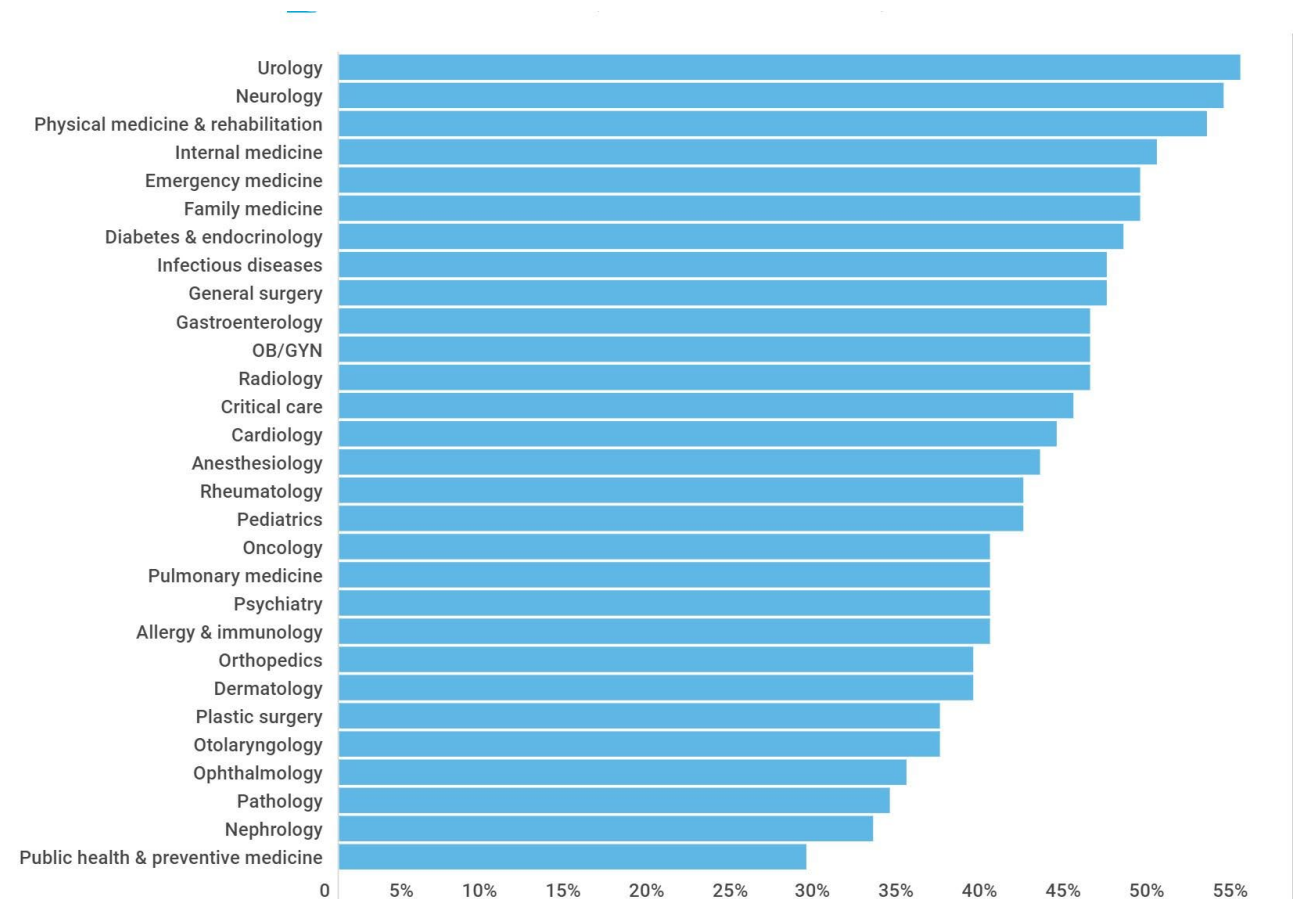
<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>

Who is most affected?

Burnout by Specialty (Excludes NMM, of course)

Top 7 specialties report more than 50% of their ranks suffering from burnout:

- 1) Urology
- 2) Neurology
- 3) PMR
- 4) IM
- 5) EM
- 6) FM
- 7) Diabetes & Endocrinology



Source: Medscape National Physician Burnout, Depression & Suicide Report 2019

High Costs and Consequences

LOSS OF PHYSICIAN WORKFORCE

- Leaving the industry all together
- Retiring early
- Leaving clinical practice
- Leaving academic medicine
- Going into academic medicine
- Suicide

COSTS OF BURNOUT

- \$2,000,000 – two million dollars to replace one physician:
 - Lost revenue
 - Cost of recruiting and training
 - Reduced clinical hours

More Consequences

- Worsening Mental Illness:
 - Anxiety
 - Depression
 - Alcohol and substance abuse
- Family conflict
- Suicide
- Negative affects being felt in every facet of health care system
- Poor workplace morale and satisfaction
- Poorer quality of patient care
 - Medical errors
 - Riskier prescribing patterns
 - Poor communication and empathy
- Accelerate permanent leave from the profession
 - exacerbating physician shortages
- Negatively affects leadership in the health care

Some Improvements in 2017

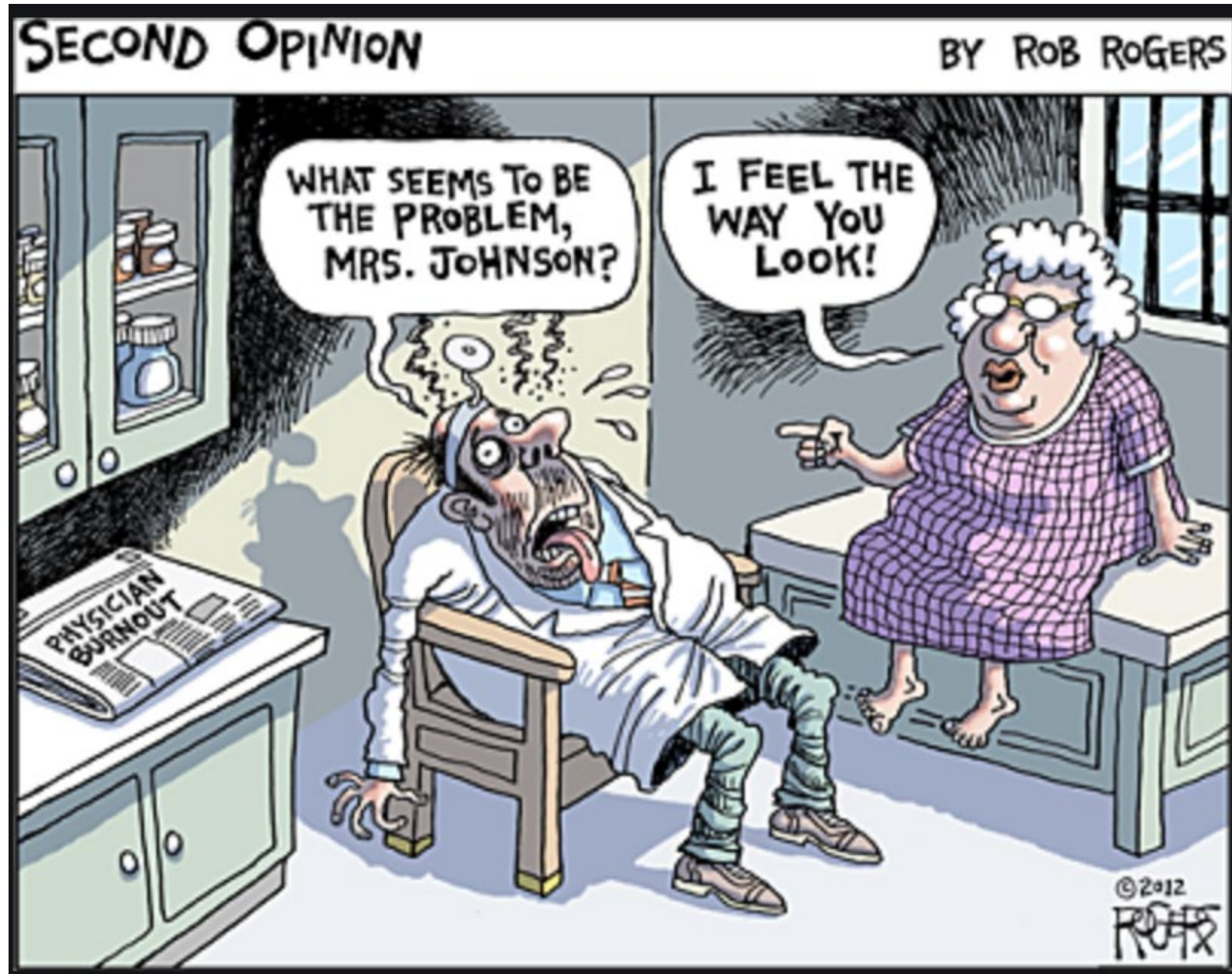
Mayo Clinic Proceedings, 2018, Study

- 5,000 physicians tracked in 2011, 2014 and 2017
 - Burnout Peaked in 2014
 - **Depression is still on the rise**
 - General population burnout static
 - General population burnout 40% less than physician reports

	2011	2014	2017
Physicians Reporting Burnout	46%	54%	44%
Physicians Reports Depression	38%	40%	42%
General Public Reporting Burnout	29%	28%	28%

Shanafelt, Tait, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population 2011 to 2017. Mayo Clinic Proceedings. Sept 2019. Vol 94, Issue 9.

Don't be this guy



PREVENTION – AN INDUSTRY WIDE APPROACH

- Ways to mitigate the prevalence of burnout
 1. Support proactive mental health treatment and support for physicians.
 2. Improved EHR standards:
 - usability
 - open application programming
 3. Appoint executive-level chief wellness officers (CWO) at every major health care organization.

Intervention From the Summit Medical Group (SMG):

- Improve communication
 - Leadership and physicians
 - Among group physicians
- Foster a sense of community
 - Physician lounge
 - Yammer:
 - online physician exchange of medical information
 - socialize
 - informal consults
- Bolster physician support services
- SMG action:
 - trained volunteer physicians who proactively reach out to their colleagues during times of acute stress
 - hired NPs and PAs to deal with the vacationing physician's
 - EMR inbox
 - refill prescriptions, etc
- Professional psychological services available
- Unplug when on vacation --- REALLY unplug

Do DOs fare any better??

- N = 129 residents
 - 72.8% response rate
- Across 12 residencies
- In their 10th month of training

- 64% report High levels of depersonalization

- 59% report low levels of personal accomplishment

- 51% report High levels of Emotional Exhaustion

Table 3.
Burnout Among Osteopathic Residents:
Total Resident Frequency of MBI Burnout Factors^a (N=129)

Burnout Factor	Frequency (%)	Cumulative %
Emotional Exhaustion		
High	51 (39.5)	39.5
Medium	38 (29.5)	69.0
Low	40 (31.0)	100.0
Depersonalization		
High	64 (49.6)	49.6
Medium	32 (24.8)	74.4
Low	33 (25.6)	100.0
Personal Accomplishment		
High	22 (17.1)	17.1
Moderate	48 (37.2)	54.4
Low	59 (45.7)	100.0

^a Emotional exhaustion, depersonalization, and personal accomplishment are subscales from the Maslach Burnout Inventory (MBI) Human Services Survey.

TRANSITIONS IN OURSELVES

VISION: We must seek
health in ourselves
and in institutions.



Burnout is REAL



3 Cardinal Signs: Emotional Exhaustion,
Detachment, Reduced Accomplishment



It is an Industry-wide problem which may have
peaked in 2014 and will take industry wide solutions.

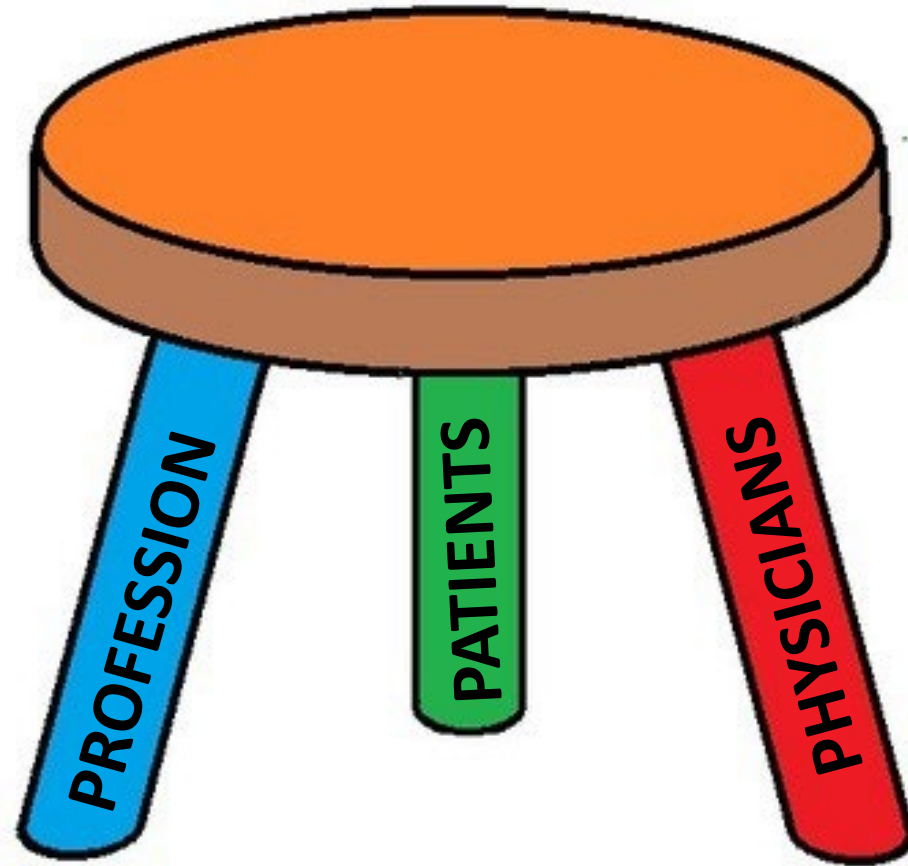


When your energy account is empty, you are at risk
of burnout.



Electronic Health Records are zapping the joy out of
being a physician.

TRANSITIONS: PATIENTS



Transitions in Healthcare affecting Patients

- Artificial Intelligence (AI)
- Precision Medicine
- Medicare changes
- Fear of loosing pre-existing conditions
- Cost
- Infinite Alternative Care options
- Social Media and Chat Groups
- Seek doctors via online review
- Self diagnosis and self treatment
- Social Media pressures
 - Vaccine debate
- Telemedicine

What are the concerns of real patients?

- Of the over 327 million people in the US, how many know what a DO is and does?
- Even as the % of DOs climbs, how do people “discover” osteopathy?
- What are the barriers to a DO that performs OMT?
 - Distance to a DO
 - Cost of OMT



Digging for answers!!

2017 Gallop Poll of 1000 US adults: What is the most important problem facing the nation?

#1: 20% of respondents sighted Poor government leadership



Most Important Problem Facing the Nation: 2017

Average of 12 surveys conducted in 2017

	Mentioning
	%
Dissatisfaction with government/Poor leadership	20
Healthcare	10
Race relations/Racism	8
Immigration/Illegal aliens	7
Unifying the country	7
Economy in general	7
Unemployment/Jobs	6
Terrorism	4
Ethics/Moral/Religious/Family decline	4
Situation with North Korea	4
National security	3
Lack of respect for each other	3
Environment/Pollution	3
Education	3
Climate Change/Global Warming	2

2017 Gallop Poll of 1000 US adults: What is the most important problem facing the nation?

#2: 10% of respondents sighting HEALTHCARE

Most Important Problem Facing the Nation: 2017

Average of 12 surveys conducted in 2017

	Mentioning
	%
Dissatisfaction with government/Poor leadership	20
Healthcare	10
Race relations/Racism	8
Immigration/Illegal aliens	7
Unifying the country	7
Economy in general	7
Unemployment/Jobs	6
Terrorism	4
Ethics/Moral/Religious/Family decline	4
Situation with North Korea	4
National security	3
Lack of respect for each other	3
Environment/Pollution	3
Education	3
Climate Change	2

September 2019 Gallop Poll: What do you think is the most important problem facing the country today?

- Economic Problems
 - 15%
- Non-Economic Problems
 - 84%
 - #1 – Poor Government Leadership with 23% of respondents up from 20% in 2017.
 - #5 – Healthcare only 5%, down from 10% in 2017

What do you think is the most important problem facing the country today?

Recent Trend

	2019 Sep	2019 Aug	2019 Jul	2019 Jun
	%	%	%	%
ECONOMIC PROBLEMS (NET)	15	11	14	13
Economy in general	4	3	3	4
Unemployment/Jobs	3	2	2	2
Federal budget deficit/Federal debt	2	3	2	2
Lack of money	1	1	1	1
Gap between rich and poor	1	1	2	1
Foreign trade/Trade deficit	1	1	*	1
Wage issues	1	1	1	1
Taxes	1	1	1	1
High cost of living/Inflation	1	*	1	*
Corporate corruption	*	*	*	*
Fuel/Oil prices	--	*	*	--
NON-ECONOMIC PROBLEMS (NET)	84	86	85	87
The government/Poor leadership	23	22	23	26
Immigration	16	18	27	23
Race relations/Racism	6	8	7	6
Environment/Pollution/Climate change	6	3	4	4
Healthcare	5	6	7	7
Guns/Gun control	5	8	1	1
Unifying the country	4	4	4	3
Ethics/moral/religious/family decline	3	2	3	3
Poverty/Hunger/Homelessness	3	3	3	4



Public Priorities of Health Care For Congress

Kiser Family Foundation 2019

#1: Lowering prescription drug costs - 70%

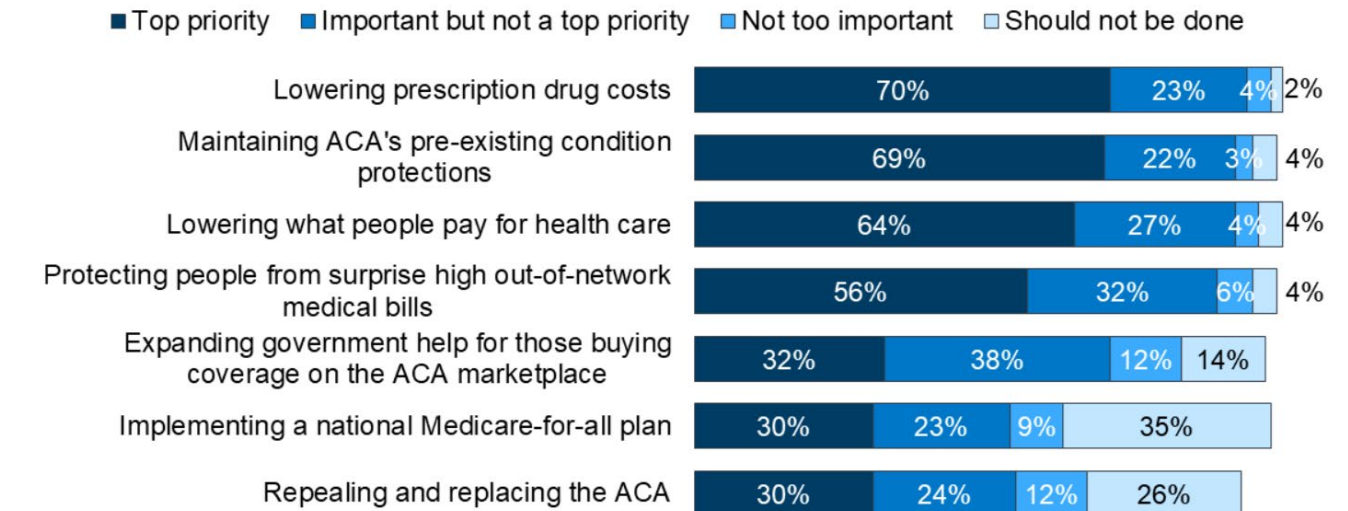
#2: Maintaining ACA's pre-existing condition protections – 69%

#3: Lowering what people pay for health care – 64%

Figure 1

The Public Prioritizes Many Health Care Issues For Congress

Should each of the following be a top priority, important but not a top priority, not too important, or should it not be done?



SOURCE: KFF Health Tracking Poll (conducted September 3-8, 2019). See topline for full question wording and response options.



Figure 1: The Public Prioritizes Many Health Care Issues For Congress

What do patients expect from their Osteopath?

MET EXPECTATIONS

35 (69%) OF THE ASPECTS OF EXPECTATIONS WERE MET

1. Listening
2. Respect
3. Information-giving
4. Improved quality of life and relief of symptoms

Patients' expectation of private osteopathic care in the UK: a national survey of 1,649 patients

UNMET EXPECTATIONS

11 (21%) OF THE ASPECTS OF EXPECTATIONS WENT UNMET

1. Difficulty paying for OMT
2. No procedure for complaints
3. Lack of communication between the DO and the PCP

WHAT CONCERNS DO PATIENTS HAVE IN ONE OMT OFFICE IN THE US?

- 27% scheduled for follow-up – YEA!!
- COST:
 - 36% awaiting insurance approval
 - 5% or > concerned about their co-pay and \$6,500 deductible,
- 9% live too far
- 4% were on vacation or ill



Image from the Huffington Post Canada

Spreading the truth about Osteopathy and realizing the Academy's vision

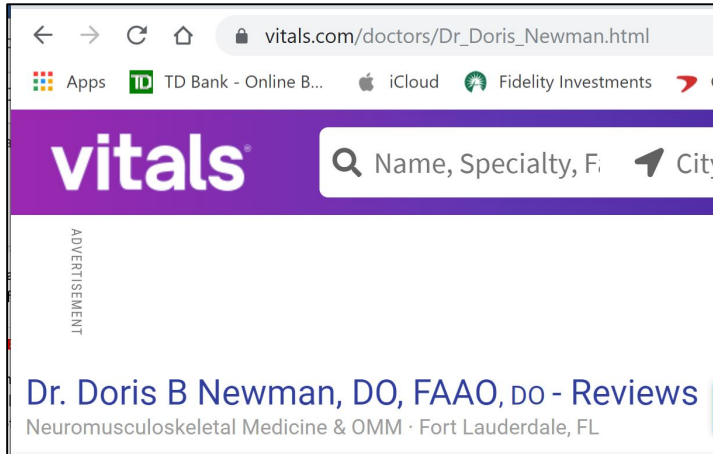
- Facebook
- Instagram
- LinkedIn
- Tumblr
- Pinterest
- Reddit
- Tic Toc
- Flickr
- And on and on



MY FIRST 100 PATIENTS:

- 60% REFERRAL SOURCES AND PRIOR PATIENTS
- 28% WORD OF MOUTH
- 5% LOCAL LECTURES
- 2% SOCIAL MEDIA
- 1% MAGAZINE AD
- 1% AAO AND CAO DIRECTORIES

Vitals.com – the new “telephone book”



About Dr. Doris B Newman, DO, FAAO DO

Dr. Doris B Newman, DO, FAAO, DO is a doctor primarily located in Wilton Manors, FL. Their specialties include **Osteopathic Manipulative Medicine** and **Physical Medicine & Rehabilitation**.

Dr. Newman, DO, FAAO has received 1 awards.



ACCEPTING NEW PATIENTS

4.6 ★★★★★ 5 RATINGS

25 INSURANCES ACCEPTED

SPEAKS ENGLISH, SPANISH

ST VINCENT HOSPITAL

5 COMMENTS

1 AWARDS

2 SPECIALTIES

1 EXPERTISE

1 HOSPITAL AFFILIATIONS

1 LOCATION

Rating Overview

5 Ratings with 1 Comment



The overall average patient rating of Doris B Newman, DO, FAAO is Excellent. Doris B Newman, DO, FAAO has been rated by 5 patients. From those 5 patients 1 of those left a comment along with their rating. The overall rating for Doris B Newman, DO, FAAO is 4.6 of 5.0 stars.

READ REVIEWS

WRITE A REVIEW

Healthgrades.com

Keep an eye on your reviews.....they matter!!

✓ Accepting new patients

Dr. Doris Newman, DO


Neuromusculoskeletal Medicine · Female · Age 58

★★★★★ 3 Reviews

Osteopathic Medical Arts Center (OMAC)
1201 NE 26th St Ste 109 Wilton Manors, FL 33305

✓ Accepting new patients

Make an Appointment



Overview **Reviews 3** About Me Location

Dr. Newman's Reviews

Likelihood to recommend Dr. Newman

5.0 ★★★★★
Based on 3 reviews

5 Stars	<div style="width: 100%;"></div>	(3)
4 Stars	<div style="width: 0%;"></div>	(0)
3 Stars	<div style="width: 0%;"></div>	(0)
2 Stars	<div style="width: 0%;"></div>	(0)
1 Star	<div style="width: 0%;"></div>	(0)

Average Reported Wait Time

🕒 10 – 15 minutes

Dr. Newman's Performance

★★★★★ Trustworthiness

★★★★★ Explains condition(s) well

★★★★★ Answers questions

★★★★★ Time well spent

Office & Staff Performance

★★★★★ Scheduling

★★★★★ Office environment

★★★★★ Staff friendliness

★★★★★ ↶ Reply ⋮

I had terrible pain in my shoulder, I called Osteopathic Medical Arts Center in Wilton Manors, FL. The guy on the phone was very friendly and helpful. I made an appointment and went to see Dr. Doris Newman. 2 treatments over 2 weeks and my shoulder is so much better now! Thank you Dr. Newman, I believe you are a true healer!

Was this helpful? 👍 🗨️ Sep 19, 2019

★★★★★ ↶ Reply ⋮

Very professional, experienced and knowgable.

Was this helpful? 👍 🗨️ Jun 13, 2019

★★★★★ ↶ Reply ⋮

Success! After an upper respiratory infection that my then 18 month old had, he developed bilateral ear infections with fluid that persisted for 3-4 months. Following guidelines, an ENT/MD and ENT/OD both recommended tympanostomy tubes. I sought out Dr. Doris Newman's osteopathic manual therapy for my son, and after only one session, a follow up ENT appointment showed that the fluid drained! My family and I are forever grateful!

Was this helpful? 👍 🗨️ FL - Oct 11, 2018

TRANSITIONS FOR OUR PATIENTS

VISION: Now is the time for DOs to “go viral” with the truth of Osteopathy.



Healthcare is forever changed in this digital age.



Costs of healthcare and OMT concern patients.



Social Media may be important toward realizing the Academy's bold vision.



Claim your online profile to promote osteopathic medicine and OMT.

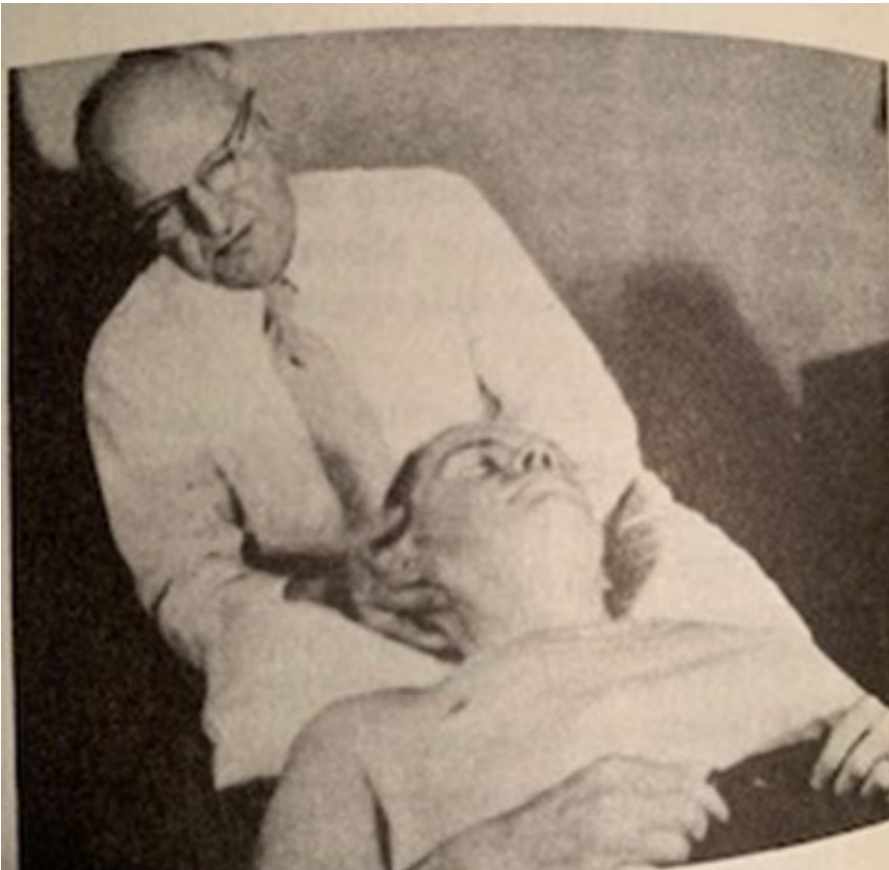


Watch your online reviews. **THEY MATTER!**



Educate your patients to be advocates of Osteopathy.

THANK YOU!! 



*“ALL PATIENTS ARE
AWARE OF AND HAVE
ACCESS TO OSTEOPATHIC
MEDICAL CARE AND
OSTEOPATHIC
MANIPULATIVE MEDICINE
FOR OPTIMAL HEALTH”*