Consortium Development: Shifting from Provider-Centric to Patient-Centric Research
CACCOM

**Mission:** to improve health outcomes in Central Appalachia, especially for vulnerable populations, by collaborating on research and medical education, implementing innovative strategies that measurably improve the health status within the region, and leveraging the strengths of the osteopathic approach.

**Vision:** to improve health and eliminate health disparities in Central Appalachia.
The founding three osteopathic medical schools

Kentucky College of Osteopathic Medical School
Ohio University Heritage College of Osteopathic Medicine
DeBusk College of Osteopathic Medicine

Funded by the Osteopathic Heritage Foundation
UNIVERSITY OF PIKEVILLE
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE (KYCOM)

Bringing Medicine to the Mountains...
About KYCOM

KYCOM ranked 12th in family medicine and second in the percentage of graduates who enter primary care residencies. KYCOM was the highest ranked D.O. medical school in rural medicine and family medicine.
Ohio University Heritage College of Osteopathic Medicine (Heritage College) – three campuses

ATHENS, OH

DUBLIN, OH

CLEVELAND, OH
About the Heritage College

• >90% of the Heritage College’s students are from Ohio, reflecting the college’s mission to educate physicians committed to practicing within the state.

Sebastian Diaz, PhD, JD
Associate Professor, Family Medicine
Lincoln Memorial University
DeBusk College of Osteopathic Medicine
A.T. Still who formed Osteopathic Medicine in Kirksville, MO., was from the Appalachian mountains of Jonesville, Va., just a short drive from LMU-DCOM and KYCOM!
About DCOM

- In response to identified shortage of primary care physicians by HRSA’s Bureau of Health Care Professions, the Lincoln Memorial University Board of Trustees acted on a commitment to improving access to primary care through establishing a rurally located medical school within the medically shortage area.
Original charge for CACCOM:

Conduct health provider workforce development research

1. Survey of DO Alumni from three COMs
2. Qualitative Interviews of Rural Providers
3. Longitudinal Survey of DO Medical Students
Provider focused versus patient focused themes

Each of the three studies contain a variety of research questions which included:

a. Workforce preparation/education
b. Practice environment
c. Practice preferences
d. Recruitment and retention factors impacting the workforce in Central Appalachia
e. Social Factors impacting practitioner ability to provide health care
Study # 1: CACCOM Survey on Workforce Development for Doctors of Osteopathy (DO Alumni)

CACCOM conducted a survey of Alumni across the 3 founding medical schools.
DO Alumni Respondents

The DO Alumni from each school represent diverse geographical locations, particularly for KYCOM and LMU-DCOM.
DO Alumni Perceptions

- Addiction to Illegal Drugs (24.5%)
- Addiction to Prescription Drugs (296%)
- Alcohol Abuse (19.8%)
- Mental Illness (27.2%)
- Poverty (23.7%)
- Lack of Access to Transportation (19.8%)
- Depression (28.4%)
Study # 2: Health Professional Workforce study (One – on- One Interviews)

• Assessing data to gain knowledge of recruitment and retention factors impacting Central Appalachian health care workforce.
• Targeted Interview candidates: professionals who live and work in the 6 county area surrounding each participating medical school.
• 70 participants
Social Consciousness

Data analysis revealed
Social consciousness played a role in recruitment and retention of the health care professionals interviewed.
Education and Culture

• The health literacy of the community population as a whole, impacts the health providers’ ability to provide access to healthcare.

• Community cultural and educational influences can hinder the population’s ability to seek out health care.

• Free screening programs within the community may assist in alleviating some of the barriers, misconceptions and biases held by the population
Additional impacting disparities

Increased unemployment rates have a domino effect upon the area which,

• increases the already high poverty rates, which
• increases the number of residents who are uninsured, which
• increases the rate of non-compliant patients,
• which increases the rate and complications of chronic illness.
Study #3  A Longitudinal Workforce Development Study of D.O. Students
Exploring Professional Formation throughout Medical School
Survey Distribution:

• Survey one: within 30 days of the start of matriculation;
• Survey two: at or near the conclusion of the second year of matriculation, but prior to any official COMLEX level one attempts;
• Survey three: near the conclusion of the fourth year of matriculation, after residency matching, but prior to graduation.
Recap of preliminary results from Class of 2021

- At this stage of their medical education, the survey results showed students do not choose their medical residency or location, based on the area in they grew up.
- Female participants were more interested in residency choices which embraced holistic medicine.
- In general, the medical student’s choice for their profession were based on opportunities for loan forgiveness, on-call rotation, and inter-professional clinical care.
What Valuable lesson did we learn from our research?

Data revealed:
There is a need to understand the community and the social determinants of health in Central Appalachia in order to impact the region’s health as a whole.
The breakdown of what influences health...

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
- Physical Environment (10%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
  - Air & Water Quality
  - Housing & Transit
Addressing health disparities
Research shows clinical health care professionals are not the major influencers in a person’s health or health behavior

Social determinants of health reveal
• health disparities will not be solved through clinical care alone.
• is a platform of research which will lead CACCOM to not only look at the health care workforce, but at the people it hopes to help.
• research must expand beyond the patient, to include the community at large.
Addressing Health Disparities at the Community Level

• Listen to the stories of our community.
• Recognize and address our implicit biases.
• Create trustworthy, safe, and equitable spaces and processes for community-based research.
Workforce development research thus far has focused on providers as source for informing Appalachian culture of health.

We propose to shift direction of research, focusing on patients & communities as sources for informing Appalachian culture of health.
Strengthen Research by Connecting with Diverse Community Stakeholders, not just patients

• By listening carefully to the stories of diverse community stakeholders, we learned invaluable lessons, and made lasting connections with others who share our passion for community health in rural Appalachia.

• However, we must do better: by including the voice of the disenfranchised portion of the Appalachian community.
CACC COM

• Suggestions/Comments/Questions