

Anatomy of an OPTI dissected: Structure, function, and the impact of Budget Reconciliation legislation

The Osteopathic Postdoctoral Training Institution (OPTI) system is the American Osteopathic Association (AOA) postdoctoral required accreditation structure to be implemented by July 1999. The October and November issues of the *JAOA* are featuring the two-part series "Anatomy of an OPTI" by Christopher T. Meyer, DO, and his consortium team from the Ohio University College of Osteopathic Medicine (OU-COM) Centers for Osteopathic Regional Education (CORE) OPTI system. Part 1 of this series (*JAOA* 1997; 97:599-603) discusses the required structure, function, and relationships involved in the development and maintenance of an OPTI. Part 2, which begins on page 686, presents the OU-COM CORE system OPTI as a model of a successfully functioning, integrated consortium.

Originally, OPTI was presented as a model for AOA graduate medical education accreditation for the exclusive purpose of enhancing academic quality. Such enhancement would be accomplished through a sharing of clinical resources among community institutions and the addition of academic standards by the colleges of osteopathic medicine (COMs). Key to stronger education and credibility in an environment of declining public financial support and increasing evaluation from outside the health professions are the development of the following components:

- clinical faculty (rather than a medical staff);
- curriculum (rather than a list of clinical rotations);
- longitudinal clinical continuum that encompasses undergraduate and postgraduate training (rather than a fragmented, compartmentalized system), and
- required self-evaluation.

Furthermore, added stabilization of osteopathic clinical education is seen as essential while community-based institutions hosting those programs continue to be sold, closed, or merged. This protection could be offered through a consortium structure, which could potentially "cushion and absorb" shifts in programs, if necessary.

Collaboration and accountability are the key features of the OPTI discussed by Meyers and colleagues. The OPTI is only an accreditable structure with required academic administrative functions. It can only work as a partnership without control by any single partner entity. All hospitals and all COMs are partners and must share authority, implementation, and evaluation of function. Each partner, COM, and hospital has something significant to offer. This shared effort occurs through a governance structure that represents all partner

members of the OPTI either personally or by granted authority. In addition, accountability must be even more seriously considered than earlier understood, especially in the current rapidly changing healthcare delivery environment. These changes mandate restructuring of medical education to appropriately prepare physicians for expectations of the delivery system they will be entering. The OPTI governance must take charge of appropriate changes in curricular exposure and training specialties, including numbers of trainees necessary to meet the needs of the public and third-party payers.

Finally, the OPTI can present an opportunity to creatively function within the boundaries established by the Budget Reconciliation legislation with regard to graduate medical education reimbursement. The mandatory consortium structure of OPTI affords opportunity to use and transfer training positions between affiliated partners in the same geographic wage area. The reductions in Accreditation Council for Graduate Medical Education (ACGME)-approved positions occurring in some affiliated institutions within the OPTI can also create opportunities to expand or to begin new AOA programs by shifting positions within the total aggregate count as allowed under the cap portion of the Budget Reconciliation law.

This series by Meyer and coauthors should be reviewed and appreciated as a significant aid to those institutions in the OPTI developmental stages. The OPTI must be viewed beyond its developmental point as a significant opportunity for enhanced viability of quality osteopathic clinical medical education.

Michael I. Oipari, DO

Chairman, Council on Postdoctoral Training, American Osteopathic Association
Vice President/Chief Medical Officer
Horizon Health System Division
Henry Ford Health System
Southfield, Mich

A snapshot of osteopathic medical education in 1997

This past year has been a very active one for osteopathic medical education. Growth continues in the number of osteopathic medical students, colleges of osteopathic medicine