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Adopting research

FELIX J. ROGERS, DO
MICHAEL J. DYER, JD

For more than a century, research has been something other than the neglected stepchild of the osteopathic medical profession; it has been a troubled orphan. It has been shunned by national foundations and federal funding agencies, downplayed by colleges of osteopathic medicine, and relegated to a lower priority by the profession to more pressing needs of licensure, public relations, and membership. Some years from now, we may be able to look back on a pivotal event that could represent the reversal of this process.

On December 11 and 12, 1999, the American Association of Colleges of Osteopathic Medicine (AACOM) hosted the Osteopathic Collaborative Clinical Trials Initiative Conference in Bethesda, Md. Sixty-three individuals representing the colleges of osteopathic medicine (COMs) (college faculty and officers of the AACOM), the American Osteopathic Association (AOA), the American Academy of Osteopathy (AAO), the Louisa Burns Osteopathic Research Committee, and the American College of Osteopathic Family Practitioners participated in 2 days of workshops and presentations by noted researchers and government representatives from the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research.

The goals of the conference were outlined by Leonard Finkelstein, DO, president and chief executive officer of the Philadelphia College of Osteopathic Medicine and immediate past chair of the AACOM Board of Governors.

Dr Finkelstein outlined the goals of the conference as follows:

- Disseminate current research efforts at osteopathic institutions.
- Facilitate the coordination of research efforts among these institutions.
- Facilitate the standardization of the nomenclature in research protocols.
- Facilitate the development of a national clinical outcomes database.
- Plan for the integration of the clinical database into postgraduate clinical training programs.

With the subsequent presentations by keynote speakers, reports by representatives of osteopathic medical organizations, then focus groups, workshops, and panel discussions, program participants built on these goals and expanded them into a framework for action.

Setting the stage

The invited keynote speaker was Timothy S. Carey, MD, MPH, chairman of the Department of Medicine at the University of North Carolina School of Medicine. Dr Carey is nationally recognized for his research on the treatment of low back pain and his seminal publication on cost-effectiveness and outcomes of treatment approaches for low back pain in North Carolina, which was published in the *New England Journal of Medicine*. Dr Carey addressed the design and content of outcomes research. He provided a broad overview of critical components, including the identification and narrowing of the research question, institutional review boards, recruiting and maintaining physicians and patients, and quality control. Dr Carey's presentation interfaced with that of his research colleague, Thomas Motyka, DO, clinical assistant professor at the University of North Carolina School of Medicine. Dr Motyka presented information on control interventions and reliability in research. Dr Motyka focused on specific attributes of osteopathic palpatory diagnosis and manipulative treatment that represent challenges to the design and implementation of a research protocol.

Federal programs

After the keynote presentations by Drs Carey and Motyka, Dr Finkelstein introduced Neal West, PhD, of the NIH, and Lynn Bosco, MD, MPH, from the AHRQ, to discuss research opportunities at their federal agencies.

Dr West is a program officer with the National Center of Complementary and Alternative Medicine (NCCAM), the NIH's newest center. The Office of Alternative Medicine became the congressionally mandated NCCAM in 1998. The purpose of the Center is to facilitate evaluation of alternative medicine modalities and treatments to determine effectiveness. The first thing the new Center was asked to do was to develop classifications for complementary and alternative medicine (CAM). The Center developed the following classifications:

- ☐ mind/body medicine;
- ☐ alternative systems (including chiropractic, homeopathic, and naturalogic medicine);
- ☐ lifestyle and disease prevention;
- ☐ biologically based systems;
- ☐ manipulative and body-based medicine (including osteopathic manipulative treatment [OMT]);
- ☐ biofield; and
- ☐ electromagnetics.

Dr West indicated that the NCCAM supports 11 research centers. It can now initiate its own request for applications (RAFs) and program announcements (PAs) independently. The NCCAM also has its own advisory council, which helps to set priorities and plan the Center's future directions. Dr West suggested that osteopathic researchers might consider starting with R-21 exploratory and development grants. ⇨

Dr Rogers is an associate editor of *JAOA*. Dr Dyer is vice president for government relations, American Association of Colleges of Osteopathic Medicine, Chevy Chase, Md.

Correspondence to Felix J. Rogers, DO, Downriver Cardiology Consultants, 2205 Riverside Dr, Trenton, MI 48183-2101.

Dr Lynn Bosco is the medical officer at the AHRQ. She began her presentation by describing the Agency's Web site (*www.ahcpr.gov*), which she recommends because of its comprehensiveness, and because it gives a detailed picture of the Agency and its funding priorities. The AHRQ funds health services research. It was created specifically to respond to the nation's need for knowledge about healthcare systems. The Agency's priorities are to support improvements in outcomes research to strengthen quality measurement and improvement and to identify strategy to improve access and foster use and reduce unnecessary expenditures. In terms of grant support, the Agency tries to find areas where it sees gaps in funding and overlooked subjects such as women, children, and minorities, and make them priority areas for research.

Osteopathic research

Three individuals who represented entities within the osteopathic medical profession delivered reports. Douglas Wood, DO, PhD, presented AACOM's report. He pointed out the huge gap that exists between allopathic and osteopathic medical schools in terms of research funding. Publicly assisted allopathic medical school research represents 26% of expenditures, whereas in the public COMs, only 7% of expenditures go to research. In private schools, the gap is even greater, with 32% expenditures in private allopathic medical colleges and only 2% in private COMs. Dr Wood concluded that we need to reinvent osteopathic medical education, and through that, reinvent our profession.

One of the authors (F.J.R.) provided a report from the perspective of the AOA's Bureau of Research, which he chaired until July 1999. He emphasized the need to develop a corporate culture for research which must begin within the COMs and be fostered by the Board of Trustees of the AOA. Funding for research within the osteopathic medical profession has declined in recent years. Funding through the NIH has flattened out after a 10-year rise. Of the funds that go to osteopathic medical schools, 75% goes to 5 of the 19 COMs. The same author outlined several ways in which the profession might strengthen its financial support of research, develop the intellectual capital required for research, and coordinate research efforts to take advantage of existing programs.

Sandra L. Sleszynski, DO, and Charles Smutny, DO, together presented the report of the Louisa Burns Osteopathic Research Committee and the AAO. They reviewed the standardized forms that are proposed for use in hospitals and on an outpatient basis to record musculoskeletal findings and implementation of OMT. They emphasized the key requirement of standardization of data collection and the role of computers.

The conference participants were divided into three focus group sessions on Saturday afternoon, December 11. The material from these focus groups was collated, and the groups met again the next day to further develop and refine their ideas. In between, they heard additional presentations by one of the authors (F.J.R.) on the topic of incorporating research into clinical practice and by Richard Snow, DO, clinical professor at Case Western University and chair of the Performance Measures Committee of the American Osteopathic Accreditation Program Task Force. Dr Snow presented the evaluation framework for health and sciences research. The conference then concluded with a panel discussion that included Dr West, the presenters from the osteopathic medical profession, and conference organizers.

Action plan

From the workshops, informal conversations, and panel discussions, an Osteopathic Unity Plan emerged with three key components:

■ **Development of a center for excellence in osteopathic research—**From the presentations by federal officials, it was clear that with a few exceptions, COMs do not have the infrastructure or financial means necessary to apply for funding for major research projects within the NIH. It was proposed that the profession develop a mechanism to establish a center for excellence in research that would be initiated by the use of matching funds. The AOA would issue a call for proposals for a COM (or consortium of colleges) to demonstrate a plan to develop a center for excellence in osteopathic research. The AOA would offer a substantial amount to be awarded to the winning proposal. The entity that successfully competes for this must show the ability to provide matching funds and outline a research proposal to be presented to NIH that has a high likelihood of funding success as a project to demonstrate the efficacy of osteopathic treatment and its basic mechanisms.

■ **Web ring—**The AACOM will facilitate this project to establish a research Internet Web site for the osteopathic medical profession. The AAO and AOA representation will be involved. The Webmaster will solicit input from each school's president or dean (or both). The site will link the literature database and the electronic SOAP* note form in addition to the research entities within the osteopathic medical profession.

■ **Develop a national clinical database—**The Louisa Burns Osteopathic Research Committee and the AAO will facilitate the development of a national database. The first step will be to facilitate standardization of nomenclature and to enhance communication among group members. It was suggested that the first components of such a database would involve surveys of patient satisfaction and activities-of-daily-living service and the implementation of the outpatient osteopathic SOAP note form.

Next steps

This Osteopathic Collaborative Clinical Trials Initiative Conference was the inaugural step to enhance research within the osteopathic medical profession through a planned, coordinated program. Whether it represents more than "adoption papers" for this orphan of the osteopathic medical profession will depend on the commitment of the conference participants, specifically, and osteopathic physicians, in general, to implement these goals.

**S,* subjective part of the SOAP note; *O,* objective section of the SOAP note; *A,* assessed section of the SOAP note; *P,* plan section of the SOAP form.