Robert Hasty, DO, FACOI, FACP

Founding Dean & Chief Academic Officer
Proposed Kansas College of Osteopathic Medicine
UPDATE ON MEDICAL EDUCATION
“the design of which is to improve on our present system of surgery, obstetrics, and treatment of generally, and place the same on a more rational and scientific basis.”

– AT STILL, MD

One in four new medical students enroll in college of osteopathic medicine 125 years after founding of profession.

>50% of Osteopathic Physicians Enter Primary Care
Female Physicians & Lower 30-Day Mortality

Adjusted 30-Day Mortality

Female: 11%
Male: 11%

“Members of the osteopathic community were significantly more likely than their allopathic peers to describe themselves as socioemotionally oriented rather than technoscientifically oriented.”

Empathy Declines During Medical School

Year 1: 116
Year 2: 115
Year 3: 109
Year 4: 109
98.48% of DO graduates nationally seeking GME had attained a residency position in 2019

AACOM Data 2019
SHOULD THERE BE MORE MEDICAL SCHOOLS IN AMERICA?
PATIENT SAFETY FOR THE NEXT GENERATION
Original Research

Decreasing the Lag Between Result Availability and Decision-Making in the Emergency Department Using Push Notifications

Christian Koziatek, MD*
Jordan Swartz, MD, MA*
Eduardo Iturrate, MD, MSW†
Dina Levy-Lambert, BS*
Paul Testa, MD, JD, MPH*

*New York University School of Medicine, Ronald O. Perelman Department of Emergency Medicine, New York City, New York
†New York University School of Medicine, Department of Medicine, New York City, New York

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Introduction: Emergency department (ED) patient care often hinges on the result of a diagnostic test. Frequently there is a lag time between a test result becoming available for review and physician decision-making or disposition based on that result. We implemented a system that electronically alerts ED providers when test results are available for review via a smartphone- and smartwatch- push notification. We hypothesized this would reduce the time from result to clinical decision-making.

Methods: We retrospectively assessed the impact of the implementation of a push notification system at three EDs on time-to-disposition or time-to-follow-up order in six clinical scenarios of interest: chest radiograph (CXR) to disposition, basic metabolic panel (BMP) to disposition, urinalysis (UA) to disposition, respiratory pathogen panel (RPP) to disposition, hemoglobin (Hb) to blood transfusion order, and abnormal D-dimer to computed tomography pulmonary angiography (CTPA) order. All ED patients during a one-year period of push-notification availability were included in the study. The primary outcome
Gauss Surgical Blood Loss Measurement App Approved by FDA for Use in ORs

EBL, or estimated blood loss, is “estimated” for a reason.
Technology in Medical Education
AR & VR
TEAMSTEPPS
Novel Training Opportunities

Telehealth
Innovator Health
Improving Hypertension Control and Patient Engagement Using Digital Tools

Richard V. Milani, MD, Carl J. Lavie, MD, Robert M. Bober, MD, Alexander R. Milani, Hector O. Ventura, MD
Department of Cardiovascular Diseases, John Ochsner Heart and Vascular Institute, Ochsner Clinical School – University of Queensland School of Medicine, New Orleans, La

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Abstract

Hypertension is present in 30% of the adult US population and is a major contributor to cardiovascular disease. The established office-based approach yields only 50% blood pressure control rates and low levels of patient engagement. Available home technology now provides accurate, reliable data that can be transmitted directly to the electronic medical record. We evaluated blood pressure control in 156 patients with uncontrolled hypertension enrolled into a home-based digital-medicine blood pressure program and compared them with 400 patients (matched to age, sex, body mass index, and blood pressure) in a usual-care group after 90 days. Digital-medicine patients completed questionnaires online, were asked to submit at least one blood pressure reading/week, and received medication management and lifestyle recommendations via a clinical pharmacist and a health coach. Blood pressure units were commercially available that transmitted data directly to the electronic medical record. Digital-medicine patients averaged 4.2 blood pressure readings per week. At 90 days, 71% of digital-medicine vs 31% of usual-care patients had achieved target blood pressure control. Mean decrease in systolic/diastolic blood pressure was 14/5 mm Hg in digital medicine, vs 4/2 mm Hg in usual care ($P < .001$). Excess sodium consumption decreased from 32% to 8% in the digital-medicine group ($P = .004$). Mean patient activation increased from 41.9 to 44.1 ($P = .008$), and the percentage of patients with low patient activation decreased from 15% to 6% ($P = .03$) in the digital-medicine group. A digital hypertension program is feasible and associated with significant improvement in blood pressure control rates and lifestyle change. Utilization of a virtual health intervention using connected devices improves patient activation and is well accepted by patients.

Keywords:
Chronic disease, Hypertension, Patient engagement
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