

Research suggests no difference in health outcomes, care costs for patients treated by traditional MDs or osteopaths

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New UCLA-led research suggests that patient mortality rates, readmissions, length of stay, and health care spending were virtually identical for elderly hospitalized patients who were treated by physicians with Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)

degrees.

While both traditional, or allopathic, medical schools and osteopathic medical schools provide the same rigorous health education, osteopathic training adds a more holistic, hands-on component involving manipulation of the musculoskeletal system—for instance, the use of stretching and massage to reduce pain or improve mobility.

"These findings offer reassurance to patients by demonstrating that they can expect high-quality care regardless of whether their [physicians](#) received their training from allopathic or osteopathic medical schools," said senior author Dr. Yusuke Tsugawa, associate professor of medicine in the division of general internal medicine and health services research at the David Geffen School of Medicine at UCLA and associate professor of health policy and management at the UCLA Fielding School of Public Health.

The study will be published May 30 in the peer-reviewed *Annals of Internal Medicine*.

Both types of physicians are licensed to practice medicine in every state. Currently about 90% of practicing physicians hold MD degrees and 10% have DO degrees. But the latter group is rapidly growing due to an increasing number of osteopathic medical schools, with their numbers having swelled by 72% between 2010 and 2020 compared with a 16% increase in MDs during the same period, and their ranks are expected to continue expanding.

In addition, osteopathic physicians are more likely than their MD counterparts to serve patients in rural and underserved areas.

The researchers relied on four [data sources](#): a 20% sample of Medicare fee-for-service beneficiaries, amounting to about 329,500 people aged

65 years and older who were hospitalized between Jan. 1, 2016 and Dec. 31 2019; Medicare Data on Provider Practice and Specialty; a comprehensive [physician](#) database assembled by Doximity, and the American Hospital Association's annual survey on hospital characteristics. Of the patients, 77% were treated by MDs and 23% were treated by DOs.

The researchers found that patient mortality rates were 9.4% among MDs vs. 9.5% among DOs, patient readmission rates were 15.7% vs. 15.6% respectively, [health care spending](#) was \$1004 vs. \$1003, and lengths of stay were 4.5 days for both.

The results are similar because both types of medical schools deliver rigorous, standardized [medical education](#) and comply with comparable accreditation standards, including four-year curriculums mixing science and clinical rotations, Tsugawa said.

The study does have some limitations, the researchers write, primarily the fact that they focused on elderly Medicare beneficiaries who were hospitalized with [medical conditions](#), so the results may not apply to other [population groups](#). In addition, they limited outcomes to specific measures of care quality and resource use, so these findings may not generalize to other outcomes.

But the findings "should be reassuring for policymakers, medical educators, and patients because they suggest that any differences between allopathic and osteopathic medical schools, either in terms of educational approach or students who enroll, are not associated with differences in quality or costs of care, at least in the inpatient setting," the researchers write.

More information: Comparison of Hospital Outcomes for Patients Treated by Allopathic Versus Osteopathic Hospitalists: An Observational

Study, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M22-3723](https://doi.org/10.7326/M22-3723)

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