

SUBJECT: 2016-2018 American College of Osteopathic Family Physicians
(ACOFP) Strategic Plan

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2016 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 8

1 RESOLVED, that the Congress of Delegates of the American College of Osteopathic Family
2 Physicians (ACOFP) ADOPTS and APPROVES the proposed 2016-2018 ACOFP
3 Strategic Plan, as submitted by the ACOFP Board of Governors.
4

ACTION _____



D R A F T – February 6, 2016

2016-2018

Strategic Plan

of the

**American College of
Osteopathic Family Physicians**

Mission Statement

The mission of the American College of Osteopathic Family Physicians is to promote excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy.

Vision Statement

The vision of the American College of Osteopathic Family Physicians is to serve as the professional home for osteopathic family physicians, fostering the career-long success of its members – to this vision are dedicated all ACOFP leadership, staff and financial resources.



Strategic Planning Process

The following strategic planning process and timeline were established to research, develop and finalize the 2016-2018 ACOFP Strategic Plan.

June 17-18, 2015	ACOFP Board Strategic Planning Retreat
October 17-21, 2015	Board review and edit of initial draft, integrated into 2016 ACOFP proposed budget, as necessary.
November 2, 2015	Comments on draft Strategic Plan requested of ACOFP state societies and other key constituencies, with comments due December 15, 2015.
February 6-7, 2016	Board considers constituent comments and finalizes document for submission to ACOFP Congress of Delegates by March 1, 2016.
April 6-7, 2016	Endorsement of 2016-2019 Strategic Plan by ACOFP Congress of Delegates

Strategic Plan Development & Implementation

The 2015-2016 ACOFP Board of Governors is primarily responsible for development and initial implementation of the 2016-2018 ACOFP Strategic Plan. Board members based its Retreat discussions and subsequent recommendations on the 9-part self-study course, “Strategic Thinking,” presented by the American Association for Physician Leadership.

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Peter L. Schmelzer, CAE	Executive Director
Justina Burk	Director, Membership & Affiliate Relations



Environmental Factors

1 Primary External Factors

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3 Payment Reform – Payment for family physician services is rapidly moving away from the
4 traditional volume-based “fee-for-service” model to a variety of “fee-for-quality” or “value-
5 based payment” models. CMS will phase in quality reporting requirements such that 50-80
6 percent of payment will be based on quality metrics, with private payors having similar quality
7 reporting requirements.

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9 Single Accreditation System – Prior to the July 1, 2015 onset of the AOA/ACGME Single
10 Accreditation System, the ACOFP administered 270 osteopathic family medicine residency
11 programs that were training approximately 2,400 residents covering OGME 1-3 training years.

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13 While 100 of the residencies already have “dual accreditation” status with ACGME, our surveys
14 indicate that many of the 170 “osteopathic only” family medicine residencies may not pursue
15 ACGME accreditation – either shifting funded positions to the allopathic program or closing the
16 osteopathic program entirely due to additional expense for the sponsoring institution.

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18 Also uncertain is the extent to which remaining ACGME-accredited family medicine residencies
19 and traditional allopathic family medicine residencies will opt for “osteopathic recognition”
20 whereby osteopathic principles and practices will be incorporated into the training.

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22 The most likely scenario is that fewer DOs will participate in family medicine residencies that
23 provide osteopathically-distinctive training, thereby yielding fewer AOA/AOBFP certified
24 physicians and fewer ACOFP members. At the same time, there will likely be an opportunity for
25 ACOFP to provide osteopathic and allopathic family medicine residencies with its
26 comprehensive OMT curriculum, videos, and textbook.

27 Ongoing External Factors

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- 30 ▪ More family physicians are being employed and work in restricted integrated networks.
 - 31 ▪ Scope-of-practice issues continue to encroach on the physician/patient relationship.
 - 32 ▪ The burden of federal legislation and regulation and EHR/paperwork requirements is
33 reducing the time that family physicians can use to treat patients, diminishing career
34 satisfaction.
 - 35 ▪ Physicians in the baby-boom generation are retiring, and the number of students choosing
36 family medicine lags well behind the number needed to meet the nation’s need.
 - 37 ▪ Family Medicine for America's Health (FMAH), a joint multi-year project of the eight U.S.
38 family medicine organizations, is working to promote the profession to patients, payors, and
39 policy makers. The impact of these efforts is unknown at this time, but it is hoped to increase
40 the stature of the profession leading to better payment, improved professional satisfaction for
41 family physicians, and greater interest in the specialty by medical students.

42 **Internal Factors**

- 43
- 44 ■ The Single Accreditation System will cause all osteopathic membership organizations to
- 45 determine the extent to which allopathic physicians will have access to membership and
- 46 leadership opportunities.
- 47 ■ The Single Accreditation System will have an immediate negative impact on participation in
- 48 the ACOFP's Program Directors Workshop and InService Examination.
- 49 ■ As the American Osteopathic Association refocuses its future direction, the ACOFP will
- 50 need to act more autonomously in the areas of advocacy, postdoctoral training, and CME.
- 51 ■ Dissatisfaction with time and expense of the AOA's Osteopathic Continuous Certification
- 52 (OCC) process will require ACOFP involvement in reform efforts.
- 53 ■ Physician reliance on their employers for support traditionally provided by the ACOFP will
- 54 require the ACOFP to deliver new products and services to retain and grow membership.
- 55 ■ Increased practice demands may lead to a decrease in members willing or able to commit
- 56 volunteer hours to ACOFP committees and Board.

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58 **Areas of ACOFP Strength**

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- 60 ■ ACOFP offers quality 1-A CME at the ACOFP Annual Convention, Intensive Update &
- 61 Board Review, and OMED, with strong registration in recent years.
- 62 ■ ACOFP has developed the internal competency and resources to present live and on-demand
- 63 e-learning education.
- 64 ■ ACOFP is one of the most osteopathically distinctive organizations in the profession, making
- 65 available its compendium of OMT Education/Video Resources, *Somatic Dysfunction in*
- 66 *Osteopathic Family Medicine* textbook, and apps to members, residency programs and
- 67 colleges of osteopathic medicine.
- 68 ■ ACOFP *Osteopathic Family Physician* journal is a member benefit, with quality content.
- 69 ■ ACOFP offers leadership opportunities at the Board and committee levels, at state societies
- 70 and student chapters, and through its Future Leaders Conference.
- 71 ■ ACOFP has developed a strong structure of student involvement in its COM chapters.
- 72 ■ ACOFP has a strong reputation and voice among osteopathic organizations, and a growing
- 73 presence in the larger community of allopathic family medicine organizations.
- 74 ■ ACOFP demonstrates fiscal responsibility in its annual budget, and has sufficient reserves to
- 75 invest in new members services.

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77 **Areas for ACOFP Development**

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- 79 ■ ACOFP should significantly expand its services in the key area of practice management.
- 80 ■ ACOFP should more effectively communicate its key messages to members through the
- 81 clutter of electronic communications.
- 82 ■ ACOFP should more effectively communicate with osteopathic family medicine residents,
- 83 especially given the impact of the Single Accreditation System.
- 84 ■ ACOFP should develop and communicate its own independent positions on federal
- 85 legislation/regulation and public health matters.
- 86 ■ ACOFP's structure for volunteer involvement should reflect changing lifestyles and time
- 87 demands of younger, more diverse members.
- 88 ■ Chairs/faculty for osteopathic family medicine should present a cohesive message on behalf
- 89 of the specialty, through greater collaboration with the ACOFP.
- 90 ■ ACOFP should provide operational assistance to its state societies with limited resources.



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Desired Futures

For Osteopathic Family Physicians

- Experience daily career satisfaction through the provision of osteopathically-based, high quality, cost-effective patient care services.
- Transform their practices according to the principles and practices of the Patient-Centered Medical Home, with the ability to collect, interpret, utilize and report clinically relevant data.
- Receive payment for services based on the value provided to the individual patient, the community, and the healthcare system.

For the Specialty of Osteopathic Family Medicine

- Achieve recognition and respect among all stakeholders for the key contributions that the specialty of osteopathic family medicine makes to the nation's primary care system.
- Attract osteopathic and allopathic medical students to osteopathic-focused family medicine residency programs, emphasizing the added value of osteopathic principles and practices to patient care encounters.
- Highlight and advance the unique contribution that osteopathic family medicine brings to the healthcare system.

For the ACOFP

- Offer quality medical education in a variety of formats to enhance the knowledge of members.
- Be recognized as a collaborative partner and authoritative voice for patients by government, public/private entities, and national medical/healthcare organizations.
- Provide essential member benefits that prosper members in their practice of osteopathic family medicine.



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Cornerstone Initiatives

138 Given the anticipated environmental factors and the desired futures, four “Cornerstone
139 Initiatives” stand out over the next three years as having the greatest impact for members, for the
140 specialty of osteopathic family medicine, and for the ACOFP.

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Cornerstone Initiative # 1: Family Medicine for America’s Health

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144 ACOFP is one of eight organizations contributing financial support and physician involvement to
145 “Family Medicine for America’s Health” (FMAH) – a comprehensive national campaign to
146 enhance the practice of family medicine in six key areas:

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|-----|---------------------------|-----|---------------------------|
| 148 | ▪ Payment Reform | 151 | ▪ Technology Applications |
| 149 | ▪ Practice Transformation | 152 | ▪ Patient Engagement |
| 150 | ▪ Workforce Development | 153 | ▪ Research Initiatives |

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155 ACOFP will work through its network of state societies and communicate directly with the
156 general membership to encourage active, grassroots involvement in FMAH initiatives that vary
157 by expertise and time commitment, reporting regularly on FMAH initiatives. Work products
158 emerging from the six Tactic Teams will be widely communicated to the ACOFP membership.

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Cornerstone Initiative # 2: Practice Enhancement & Quality Reporting

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162 The ability of osteopathic family physicians to thrive over the next three years hinges on the
163 extent to which they are able to adapt to the changing expectations of family medicine and
164 emerging payment models. The ACOFP believes that implementing concepts of the Patient-
165 Centered Medical Home (PCMH) is the best pathway to practices successfully navigating these
166 challenges.

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168 It is ACOFP’s goal to have all its members understand and apply the principles of the Patient-
169 Centered Medical Home. ACOFP will develop a “practice transformation toolkit” for its
170 members. ACOFP will consider development of a practice management “response team” to
171 address member question. ACOFP also has established a full-time staff position to develop and
172 manage practice enhancement and quality reporting initiatives.

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174 The ACOFP Quality Markers Program is a means to this end, providing members and their
175 colleagues in practice with a cost-effective tool to collect, analyze, utilize and report patient data
176 on 19 chronic care and wellness suites. Our goal will be to have 750-1,000 subscribers in the
177 program within three years.

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181 **Cornerstone Initiative # 3: Continuing Medical Education**

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183 ACOFP has a long-standing strength in the presentation of live Continuing Medical Education at
184 the ACOFP Annual Convention, at the ACOFP Intensive Update & Board Review, and at
185 OMED.

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187 We will explore ways to expand distribution of the educational content at new live venues, and
188 through an expanded “ACOFPP E-Learning Center” with an extensive menu of on-demand
189 learning opportunities – podcasts, webinars, videos, etc.

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191 We will expand and refocus the Intensive Update & Board Review as a premier educational
192 event of value to all family physicians, but especially for those seeking certification or
193 recertification.

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195 **Cornerstone Initiative # 4: Single Accreditation System & Osteopathic Distinctiveness**

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197 **Single Accreditation System**

198 The five-year phase-in process for the AOA/ACGME Single Accreditation System began on July
199 1, 2015 and will conclude on June 30, 2020. ACOFP presently administers 100 “dual
200 accredited” residencies, the majority of which will likely maintain their ACGME accreditation,
201 but should be encouraged to add the “osteopathic recognition” training content for DOs and
202 MDs.

203
204 ACOFP also administers 170 “osteopathic only” programs that are accredited by the AOA, and
205 should be encouraged to apply for and achieve ACGME accreditation during the five-year phase-
206 in period – a critical factor in the specialty’s long-term viability. Initiatives may include:

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- 209 ▪ Sending an ACOFP representative to each of these residency programs to encourage pre-
210 accreditation application to ACGME, address misconceptions about financial implications
211 and ability to comply with ACGME Basic Standards for Family Medicine, and determine
212 whether the program will offer the “osteopathic track.”
 - 213 ▪ Providing program directors with individual mentoring support from dual program directors.
 - 214 ▪ Establishing a “hotline” for program directors to ask questions about the pre-accreditation
215 process.
 - 216 ▪ Placing links on the ACOFP website for resources that facilitate the pre-accreditation
217 process.
 - 218 ▪ Subsidizing one-year membership in the Association of Family Medicine Residency
219 Directors (AFMRD), and collaborating with other organizations that share ACOFP’s vision
220 and values.

221 **Osteopathic Distinctiveness**

222 The Single Accreditation System presents a challenge to ensure that osteopathic family medicine
223 remains a distinct profession, as well as an opportunity to promote osteopathic principles and
224 practices to the wider medical community. ACOFP will consolidate and repackaged a variety of
225 existing resources that define the osteopathic difference for family medicine.

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- 228 ▪ Textbook: *Somatic Dysfunction in Osteopathic Family Medicine*
 - 229 ▪ ACOFP Educational Curriculum
 - 230 ▪ OMT Videos

- 230 ▪ 2 Apps
 231 These resources already are being used at many colleges of osteopathic medicine and osteopathic
 232 family medicine residency programs. We will offer these resources to the remaining COMs and
 233 residency programs, including allopathic programs that may consider offering the “osteopathic
 234 track” under the Single Accreditation System. Also, the ACOFP will market these resources to
 235 non-member osteopathic and allopathic physicians, using relationships established with the
 236 Family Medicine Working Party organizations. We will develop OMM content for allopathic
 237 physicians, in collaboration with the American Academy of Osteopathy.
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241 **Brand Initiatives**

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243 The Board has identified other key initiatives that are consistent with the ACOFP brand –
 244 “Advocacy, Education and Leadership” – plus initiatives that specifically focus on
 245 “Membership.”
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247 Advocacy – Be the voice of osteopathic family physicians and the profession of osteopathic
 248 family medicine.
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- 250 ▪ Federal legislation/regulation – develop a more independent voice for ACOFP.
- 251 ▪ Implement a section on the ACOFP website to promote grassroots advocacy.
- 252 ▪ Provide members with information on alternative practice models, such as Direct Primary
 253 Care.
- 254 ▪ Work with the AOA and AOBFP to address member concerns regarding the time, expense
 255 and value of the current system for Osteopathic Continuous Certification (OCC).
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257 Education – Offer quality osteopathic education in multiple formats, on demand and through
 258 multiple media and to a wider base of constituents that includes non-member osteopathic and
 259 allopathic physicians and non-physician clinicians.
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- 261 ▪ Develop a Certificate in Medical Informatics, with credits applicable to a Master’s degree
 262 and qualifying person for chief information officer position.
- 263 ▪ Consider development of an on-line MBA program.
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265 Leadership – Inspire, nurture, and promote leadership roles for osteopathic family physicians in
 266 our community through recognition, development and leadership opportunities.
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- 268 ▪ Enhance state societies by providing leadership training, technical assistance and
 269 administrative support.
- 270 ▪ Create orientation materials for committee members and chairs.
- 271 ▪ Enhance student participation through expanded leadership and new student-specific
 272 activities.
- 273 ▪ Enhance residents – Residents Council, etc.
- 274 ▪ Expand the Future Leaders Conference.
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Membership – Enhance member value, relevance and engage physician members.

- Increase communication to target member segments
- More member engagement through online special interest groups
- E-communities for committee interaction
- Episodic volunteerism
- Social media

Conclusion

By acting on the Cornerstone and Brand Initiatives outlined in this Strategic Plan, the Board of Governors believes that ACOFP will fulfill its mission to promote excellence in osteopathic family medicine, and that ACOFP will achieve its vision to serve as the professional home for members, fostering their career-long success.

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