

**Archival & Historical Committee  
October 19, 2015  
Hyatt Regency Orlando  
Orlando, Florida**

**Interview with  
Carol L. Henwood, DO, FACOFP *dist.*  
(ACOFP President 2014-2015)**

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12 Committee Chair: Today is Monday, October 19<sup>th</sup>, and we're at the Archival Committee  
13 Meeting. We're interviewing our Immediate Past President Dr. Carol  
14 Henwood. We're very happy to have you here today.

15 Dr. Henwood: Thank you. Happy to be here.

16 Committee Chair: What was your presidential theme this past year?

17 Dr. Henwood: I really didn't have one theme. With the permission of our Past President,  
18 Dr. Jeffrey Grove, I had three initiatives, two of which he let me start in the  
19 form of taskforces six months before I actually became the President; and  
20 they were the Taskforce for Enhanced State Society Services, Taskforce for  
21 Enhanced Student Chapter Services, and the third one was the ongoing  
22 Quality Markers program, which the ACOFP has had since about 2009. The  
23 reasons for these three were things that I gleaned in travel when I was the  
24 Vice President. You go to the states and you hear and see some of their  
25 struggles and some of their questions and so I thought that we needed to  
26 have some specific initiatives to not only be there for our struggling  
27 current state societies but with the idea of forming new state societies. At  
28 the time, there were 1,100 members who practiced in states where there  
29 wasn't an ACOFP state society and in other states there were 50 members,

30 so we came up with the idea of regional ACOFP state societies and then  
31 really spent a significant amount of time enhancing the things that we do  
32 for our state societies. I had conversations with the state society president,  
33 and available officers; we talked about the single accreditation, how to  
34 have a good state society and we talked about bylaws and what your  
35 Executive Director or staff person needed to do. We talked about how we  
36 were going to support the state societies in CME. The AOA was changing  
37 how they were allocating CME, specifically specialty credit CME, and so  
38 one of those was a conversation about that and what we the ACOFP would  
39 do in cosponsoring all the programs so that attendants at their  
40 conferences would get their credits. We spoke about our Quality Markers  
41 program and the new version of it and about the ACOFP participation in  
42 Family Medicine for America's Health, which is an initiative that we're  
43 involved in with the members of allopathic family medicine. The overall  
44 theme was communication and support. The Taskforce for Student Society  
45 Services actually did the same thing for the students. More  
46 communication, more engagement, more student participation on the  
47 national level. We traveled to the various schools so we can talk about  
48 family medicine, hopefully engage more people to become family  
49 physicians. These have transitioned now under Dr. de Regnier's rein into  
50 committees, so I felt that what we had started still has a life. We need to  
51 continue to support our states. We need to explore and encourage more  
52 regional state societies, for our members to have a place they can call their  
53 osteopathic home and have help with CME among other things.

54 Committee Chair: You've had quite a few accomplishments. Which one would you say was  
55 your biggest accomplishment?

56 Dr. Henwood: So none of those. I guess it just turned out of necessity and out of the  
57 support that my board and other people gave me. So in the single  
58 accreditation system, the ACOFP, like many of the other colleges, had some  
59 concerns about unintended consequences in the MOU. When we came to  
60 the House of Delegates, we came prepared with talking points, with an  
61 alternative resolution to adopt, with meetings that we were holding  
62 outside of the reference committees, to get people thinking about some of  
63 our concerns. I was proud of how prepared we were. We were not  
64 against the whole thing but brought forth cautious statements such as:  
65 Well, have you considered this and what about our certification boards  
66 and what about maintaining the osteopathic profession? We had several  
67 colleges, other colleges, and several state societies sign on to our  
68 resolution. As it got closer and closer, I felt like the 300. Have you ever  
69 seen that movie where 300 went against thousands and thousands, yet the  
70 300 were victorious? And my board really held me up. They lifted me up  
71 saying, "You can do this. You can stand up there. You can be our voice." So  
72 when our resolution was not adopted, I went to the microphone at House  
73 of Delegates and said that: "As the elected," still emotional about this,  
74 "representative of the ACOFP and spokesperson for those other folks that  
75 we pledged to work tirelessly for the betterment of the AOA, our residents,  
76 and students." And I turned around with my head down to try not to cry,  
77 and I sat down and then there's a standing ovation at the House of  
78 Delegates and I was overwhelmed at that point that people thought that

79 we stood up but we came back to the fold. So that was my biggest  
80 accomplishment and I didn't even think it was - - I thought it was my  
81 failure. I have received cards and emails thanking me for reuniting the  
82 profession and so I didn't mean to have that be my thing, but I felt like for  
83 my year I was the voice of the ACOFP in a professional and passionate  
84 way.

85 Committee Chair: What did you feel was your most important mission?

86 Dr. Henwood: Well I think mission and initiatives are two different things, so my mission  
87 has to do with our Quality Markers program because my niche has always  
88 been practice management. Quality Markers program, which has gotten  
89 better and better, is a service that I feel that organizational medicine is  
90 responsible for, to support the in-practice physician, to help them with  
91 their quality reporting, to help them with knowing how to do coding and  
92 billing, to help them with the day-to-day operations so that they can do  
93 what they do best, which is treat their patients and not have to be bogged  
94 down with the very onerous governmental things. And so we continue  
95 today to have our Quality Markers program and my mission is still that, is  
96 to support the in-practice physician. So that's been my mission and now  
97 with the new macro after the SGR was repealed, we got what we wanted.  
98 Boy did we get what we wanted, so we didn't anticipate necessarily all the  
99 new quality reporting that people are going to have to do, so the mission is  
100 ever more important. We're now in the process of working with the AOA  
101 to move our Quality Markers program out to other specialty colleges so  
102 that we can support our colleagues in other specialty colleges so they can  
103 do the same thing through their specialty college leadership. So that's my

104 mission to make it easier for family doctors and other osteopathic  
105 physicians to do what they do best.

106 Committee Chair: What was your biggest disappointment?

107 Dr. Henwood: So much time was devoted to what we had to do externally, I set as a goal  
108 to have 10 new state societies or regional societies and we only had two.  
109 So I guess that's probably my biggest disappointment, that I didn't have  
110 the time to focus with the taskforce and move those things along. It's a  
111 tremendous job.

112 Committee Chair: What do you see as the biggest challenge or challenges facing the ACOFP  
113 in the coming years?

114 Dr. Henwood: I think, and I hate to use these words because everybody uses them, but  
115 relevance. I mean we need to strive to make sure that in 2021 when the  
116 single accreditation system is done that we have members, and the way to  
117 do that is to make sure that there are reasons that people should be a  
118 member. Is it the Quality Markers program? Is it the CME that we deliver?  
119 Is it some innovative thing for osteopathic continuous certification that  
120 we're a champion of? It has to be something. There's a leadership model  
121 called *The One Thing* and since we recently did our strategic plan, I've tried  
122 to keep that in as mantra for myself and as encouragement when I'm  
123 talking to the students and residents about this whole thing. So the mantra  
124 is that to remain viable individuals in an organization and the organization  
125 remain viable as a whole, you have to define what is the one thing that you  
126 must do personally and organizationally for the success of the  
127 organization. So when I talk to the students and residents, I say,  
128 "Everybody, to preserve the osteopathic profession, you have to define the

129 one thing." I tell them, "The one thing that you can do is be the best  
130 osteopathic student that you can be and look for osteopathic focused  
131 residencies. For the residents, the one thing that you can do is to be the  
132 best osteopathic resident you can be and encourage students to seek  
133 osteopathic focused programs." And for the AOA as a whole, the ACOFP as  
134 a whole, we've got to be the best organization that we can be and be a  
135 place where people are drawn to be our actions and our offerings.

136 Committee Chair: How did you address the issue of membership during your year?

137 Dr. Henwood: I commissioned Don Sefcik from Michigan State, he's a published author  
138 on test taking, to put together an OnDemand webinar that the students  
139 could access through the student ACOFP. It was aimed at passing your  
140 boards or doing better on your boards. I think that was a draw for  
141 membership for the students. At the state level, supporting the state with  
142 whatever means we could, translated into more members and our  
143 membership percentage, which had been waning, actually went up after  
144 my year, so not during my year, but I figured if it went up after my year did  
145 something right because more people joined and actually it was significant  
146 because we budget. We look at the trends and you budget for a decrease in  
147 membership and not only was there a decrease, there was an increase, so I  
148 was pleased with that, but we clearly needed to do better every year. So  
149 I'm hopeful at the end of this year we'll have more members as well.

150 Committee Chair: I know you've done a lot. You've traveled. You've held state societies  
151 forum. You were the face of the ACOFP for a year, which is amazing. How  
152 much communication took place from you as president and the  
153 membership at large?

154 Dr. Henwood: We try to get to all the state society meetings, whether it's the President  
155 individually or the other members of the Executive Committee, but the  
156 message that we bring is the same. We have a weekly blog where the  
157 President sends out a message and I tried very hard to respond to people  
158 as on our blog, it says, "Any comments to respond to  
159 President@acofp.org," and I tried very hard to make sure I answered those  
160 emails, those concerns. Some were not happy with the direction that the  
161 ACOFP was going. I tried to explain where we are and what the mission is.  
162 I also did a number of the OnDemand webinars personally in the practice  
163 management realm, trying to get my voice out there. We did an OnDemand  
164 joint webinar with the Society for Addiction Medicine, which was on our  
165 website, so trying to work collaboratively with another specialty college. I  
166 worked hard to be as visible as I can at the big conventions. When I  
167 became the President at the ACOFP, I went to each of the committee  
168 meetings that were meeting. I went to each of the exhibitors at a residency  
169 fair and shook their hand and said who I was and gave my card just to say,  
170 "I'm here. Reach out." So I tried to really be as visible as I could in places  
171 where there were groups of members.

172 Committee Chair: Describe the team concept for mentoring your upcoming board officers.

173 Dr. Henwood: So when I gave my good farewell speech to Congress, I described Jeffrey  
174 Grove, myself, and Kevin de Regnier, I didn't want us to be called *The*  
175 *Three Amigos*, but we couldn't be better friends, but I described us as *The*  
176 *Triple Threat* standing up for the ACOFP. We really have that great  
177 relationship because of the core of working as the President-elect, the  
178 President, and the Immediate Past President; you need a Past President

179 for counsel, for institutional memory, the President to be that face but to  
180 know that if I needed anything, I could always text, call, didn't matter  
181 when, and the President-elect is learning. I tried to include Kevin in  
182 everything that we did. For about six months, we had a Sunday night call  
183 where I would just talk about what we did all week and just make sure he  
184 was onboard with everything. As far as the board itself, I instituted a  
185 weekly Saturday morning email called *A Week in the Life of the President*  
186 and I did it for all 52 weeks just to say what I did. So I'd say, "Well on  
187 Monday, Kevin and I had a conference call with X. On Tuesday, I spoke  
188 directly to the ACOI President regarding this. On Thursday, we signed on  
189 to these letters through our Washington office," so just to really be  
190 communicative to the rest of the Board but also to give people an idea of  
191 what it takes to be the President. I would talk about if there was an issue  
192 how we handled it so one day when they're hopefully in the chair that  
193 they'll have some things to draw on. Remember when Carol had this and  
194 she did this? And not necessarily have to do it how I did, especially if what  
195 I did didn't work out so well. Our whole board, we are a family. When I  
196 first came on the board, Glenn Miller who was the President said, "this  
197 board are my best friends". I was looking around the table at the time at  
198 the incredible diversity and that people at the table did not have a lot in  
199 common. But when it came to supports and involvement, and you spend  
200 all your time with them because we have so much to do, this board are my  
201 best friends. My best friend is Kevin de Regnier and my second best friend  
202 is Jeff Grove. We're just best friends because we're family. It's how we  
203 work together, and Kevin has continued the Week in the Life as well and



204 even though he has a different style than I do, it's still a great  
205 communication piece because I may not know what he's doing. I knew  
206 what I did, so I read it all the more and say, "Wow, Kevin had a really busy  
207 week this week." But it keeps everybody on the same page about what's  
208 going on.

209 Committee Chair: So share with us how you managed the budget as president.

210 Dr. Henwood: So that really picks up the team approach, so I am the 50,000 mile person  
211 and I think globally and say, "This is the right thing to do. We're just going  
212 to have to figure out how to do it." So Kevin is the one millimeter person  
213 line by line and so we would decide our priorities and then everyone  
214 knows me, I love shoes and I would say, "Kevin, I need \$10,000 in 'shoe  
215 money' for a project." And somehow we would get it. That's really a team  
216 approach. But we were fortunate that we had revenues for our CMEs and  
217 some of the other initiatives that we've had that our programs didn't have  
218 to suffer, but we would really prioritize what were the most important  
219 projects; and some things we didn't get to do that we wanted to do, but  
220 collectively we'd all sit down or the Executive Committee would sit down  
221 and say, "Okay, I need this much 'shoe money' for this." We'd prioritize and  
222 we would get it, so that really was a team approach. I can do a budget and I  
223 can look at the line items, but my focus was more: All right, this is the right  
224 thing to do. Where is the 'shoe money'?

225 Committee Chair: Do you know how many full dues paying members we have, not counting  
226 students, interns, and residents?

227 Dr. Henwood: It's more than 6,000. I think it's 6,800, something like that. We represent  
228 23,000 osteopathic family physicians, students, and residents and there

229 are 16,000 of those that are certified, not by the AOBFP. Not all of those  
230 people are full dues paying members of the organization, but more and  
231 more, we hope, are coming back to the fold.

232 Committee Chair: You touched upon some of the activities you did with the students and  
233 residents, but I'd like you to just maybe expand on them or if you've  
234 missed telling me something about the activities and travels as an officer  
235 of the ACOFP relative to the students and residents.

236 Dr. Henwood: We get many invitations by the schools to come and we try to get to each  
237 of those personally. I was to LSU. I was to LECOM Erie, LECOM Bradenton,  
238 PCOM, TCOM. Our officers went to any school that invited us, with again, a  
239 set of talking points aimed at engaging the students whether they had  
240 chosen family medicine or not, to consider family medicine because of the  
241 wide variety of things that we do and the satisfaction about making a  
242 difference that occurs when you're in family medicine. We were really  
243 trying to work with national student board and our student governor to  
244 try to let the students know that we were there for them. I did have a call  
245 with all the student government and student chapter presidents as well.  
246 We spoke largely about the single accreditation system because there was  
247 a lot of information out there that we felt were inaccurate. For example,  
248 that they would have access to so many more training programs when this  
249 happened. Well, yes, but realizing that if we have single programs that  
250 allopathic physicians will have opportunities to compete for the  
251 osteopathic slots and face to face you could see their eyes getting really  
252 big, "We didn't think of that". I think the job that I tried to do is to be an  
253 honest alternative sounding board saying, "Look, this could be the best

254 thing, but these things have to happen for this to be the best thing and the  
255 ACOFP is standing up for that.“

256 Committee Chair: So one last question. What would be your fondest memory of your  
257 presidency that you will always remember?

258 Dr. Henwood: There are too many, and actually I think this was stuff that had occurred  
259 not all that long ago in private. So the board gives the president a gift and  
260 it usually occurs at the banquet but my gift was broken when it was my  
261 outgoing banquet. So this thing comes from FedEx and it's a crystal  
262 microphone, kind of what you see on The Voice, the microphone, and it  
263 said my name and it said, "The Voice of Osteopathic Family Medicine." So  
264 I'm crying in my office because my board thought that I did a good job if  
265 that was their gift to me. So it's wonderful. That was probably my fondest  
266 memory, but our retreat was great and all the hard work we did as a group  
267 was great, so I couldn't have been more honored to have been the  
268 president of the ACOFP. It was the highest honor ever.

269 Committee Chair: Well thank you so much for coming and sharing your memories with us.

270 Dr. Henwood: You're welcome.

271 Committee Chair: It's amazing to interview you. Thank you so much.